California State Journal of Medicine

ISSUED MONTHLY OWNED AND PUBLISHED BY THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVIII, No. 7 JULY, 1920 $1.00 a Year

CONTENTS

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ENTERED AT SAN FRANCISCO, CAL., AS SECOND-CLASS MATTER

Luer Syringe Price List

Description	Capacity	Syringe Price	Barrels Price Each	Plungers Price Each	Description	Capacity	Syringe Price	Barrels Price Each	Plungers Price Each
Tuberculin.....	¼ c.c.	$2.25	$1.65	$1.40	Serum.....	5 c.c.	$2.50	$1.90	$1.55
Tuberculin.....	½ c.c.	2.25	1.65	1.40	Serum.....	10 c.c.	3.25	2.40	2.05
Gray Oil.....	½ c.c.	2.25	1.65	1.40	Arsphenamine..	20 c.c.	4.50	3.25	2.75
Tuberculin.....	1 c.c.	2.00	1.50	1.25	Eccentric Tip...	20 c.c.	5.00	3.75	2.75
Subcutaneous...	1½ c.c.	1.25	.90	.80	Arsphenamine..	25 c.c.	5.00	3.75	3.25
Precision.....	1½ c.c.	2.00	1.50	1.30	Arsphenamine..	30 c.c.	5.75	4.35	3.75
Subcutaneous...	2 c c.	1.40	1.00	.80	Eccentric Tip...	30 c.c.	6.75	5.35	3.75
Precision.....	2 c.c.	2.25	1.75	1.50	Arsphenamine..	50 c c.	8.00	6.00	5.00
Lachrymal.....	3 c.c.	3.50	2.65	2.25	Eccentric Tip...	50 c.c.	9.00	7.00	5.00
Vaccine.....	3 c.c.	2.00	1.45	1.25	Arsphenamine..	100 c.c.	12.00	9.00	7.50
Dental.....	4 c.c.	2.25	1.65	1.35	Eccentric Tip...	100 c.c.	13.00	10.00	7.50

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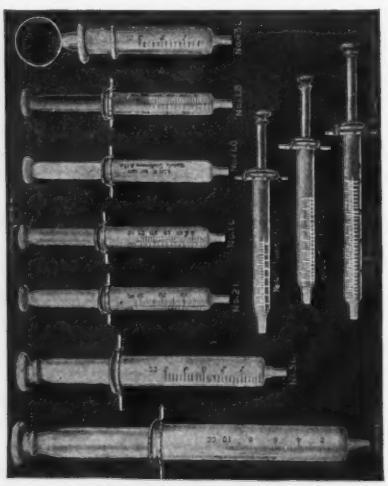

GENUINE LUER SYRINGES

California State Journal of Medicine

OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA
BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XVIII JULY, 1920 No. 7

DOCTORS, ATTENTION! IS YOUR STATE TAX PAID?

The California legislature, with the endorsement of the Governor, has put on the statute book a requirement that every physician and surgeon practicing in California shall pay an annual tax of two dollars, this fund to go to the State Board of Medical Examiners to assist in the enforcement of the Medical Practice Act. This tax becomes delinquent annually if not paid by March 1. If not paid, the certificate to practice medicine and surgery is subject to revocation. Reinstatement, according to the statute, requires a payment of ten dollars. Every doctor was duly notified from the office of the State Board of Medical Examiners. Due notice was also given in the columns of the Journal. Doctors in military service were exempted, provided they filed proper affidavit.

Regardless of our personal opinion as to the justice of this tax, it should and must be paid. There is a long and formidable list of delinquents. *Are you delinquent?* If you are, it will cost you ten dollars to be restored to good standing. Circumstances may suddenly make it of extreme importance to you that you be in good standing. Be sure your tax is paid. Do it now.

THE EPISCOPAL CHURCH AND THE DOCTOR.

It is a genuine pleasure to receive and be able to publish the cordial, frank and reassuring letter from Bishop Coadjutor Edward L. Parsons, of the Episcopal Church, which appears in another column. The medical profession is frankly pleased to know that the Episcopal Church "has no intention or desire of undertaking healing in any sense independently of the medical profession"; also that "the Episcopal Church is undertaking nothing officially which could not at any time be submitted to any group of physicians who recognize the value of religion in life, with confident expectation of their approval." The Bishop's statement should be taken at face value and will meet with widespread approbation when he says further: "I would be unwilling myself to be associated in any movement which did not recognize in the fullest way the leadership of the medical profession in matters of health."

The original Journal criticism of an Episcopal clergyman who maintains a downtown office on week days where he receives patients for psychic therapy, while on Sundays he preaches in an Episcopal church is, however, still valid. It would appear that an official representative of the Episcopal clergy could hardly, with propriety, change coats so fast. His clerical ministrations must perforce serve as a feeder for his private practice at substantial fee-rates. In the past he has at least once been brought to trial for alleged infringement of the Medical Practice Act. We believe, in the light of Bishop Parsons's frank statement of Episcopal Church policy, that a source of serious and valid criticism of the church would be removed if this situation were remedied. The official mantle of the church should not envelop one who turns it to personal profit and who does not exemplify the admirable program outlined in the Bishop's letter.

EDDIAN SCIENCE SINGULAR SANITARIUM "CERTAIN CASES NOT RECEIVED."

The JOURNAL has received a communication from Mr. Peter V. Ross in which, among other strange statements, he asserts that the followers of Mrs. Eddy are entitled to wear "the Christian pearl of charity," because they maintain a well-equipped sanitarium in Boston.

Since according to Mrs. Eddy, "what is termed disease does not exist. It is neither mind nor matter," our readers will naturally wonder why

the disciples of Mrs. Eddy have established a "well-equipped sanitarium." They have not only established it, but in their literature they call it "a step of progress." This would seem to be a literal use of the words, as only one step has been taken thus far. The alleged sanitarium has been appropriately placed upon Single Tree Hill in the suburbs of Boston near the mother church. The treasurer's annual report of the Benevolent Association that has charge of "the sanitarium" for the year ending December 31, 1919, shows a total for the construction of building, improvement of grounds, furniture, administrative and operating expense, etc., of $586,253.37. The official statement also says that the association can offer many beautiful testimonials of healing, although in analyzing the report we find that of the 73 patients admitted during the three months of operation, 40 are still there, and whether the remaining 33 are still in the land of the living is not definitely reported.

The purpose of this singular sanitarium, which is Mr. Ross's solitary boast, is stated in the official literature as "a Christian Science resort for the *'so-called* sick.'" When these "so-called sick" get so-called sicker and succumb to so-called disease and are so-called dead, a so-called undertaker takes them to a so-called cemetery and there they remain with the vast majority silently awaiting the blessed hope.

It appears that not all of the "so-called sick" are acceptable at the Eddian Single Tree Hill Sanitarium, for the official report announces "certain cases requiring special housing cannot be received in the institution." Why do these "certain cases" require special housing?

Is it possible that the followers of Mrs. Eddy are beginning to discard her doctrines? Mrs. Eddy said: "One disease is no more real than another." This also applies to contagious diseases. Mrs. Eddy is particularly definite upon this subject. "Christian Science," she states, "handles the most malignant contagions with perfect assurance."

Are we to understand that the managers of this "single step of progress" sanitarium have lost Mrs. Eddy's "perfect assurance" and now acknowledge that "certain cases require special housing"? If this be true a real step of progress has been made, which will necessitate, however, the repudiation of the many absurdities contained in "Science and Health" and other writings of Mrs. Eddy.

If the followers of Mrs. Eddy, who operate this so-called sanitarium, are consistent with her doctrines they must tell the applicants for admission that they have no real tuberculosis, no epilepsy, no cancer, no Bright's disease; in brief, no disease. That all of these things are creations of their own imagination. That existence of material bodies and disorders of material bodies is a delusion "a dream of sin, sickness and death." That, as Mrs. Eddy says, "The press by printing long descriptions which mirror images of disease sends forth many sorrows and diseases among the human family. A new name for an ailment affects people like a Parisian name for a novel garment. Everyone hastens to get it." Those in charge of the solitary sanitarium must tell their patients, according to Mrs. Eddy, that their material human bodies that are tortured by pain have no real existence outside the mind, and that even as existing in the mind, they are delusions, phantom lies told by the mortal mind to itself; the testimony of the five senses to the contrary notwithstanding.

Although Mr. Ross as Chairman of the Christian Science Committee on Publication for Northern California has with others been sued for $100,000 damages by Trustee David B. Ogden from Brookline, Massachusetts, he is still issuing statements similar to the one sent to the JOURNAL. In the last paragraph of the communication of Mr. Ross he sets forth Mrs. Eddy's ante-Christian theory of disease in these words, "Christian Science insists on destroying not simply the disease but the sin which causes it."

The same cruel and ill-founded theory of the inseparable relation of sin and disease was held by certain pitiless sects before and during Christ's time, until the Master corrected the false theory on an occasion that is told by the Beloved Disciple in these words:

"And as Jesus passed by, he saw a man who was blind from his birth, and his disciples asked him, saying, 'Master, who did sin, this man or his parents, that he was born blind?' Jesus answered, 'Neither hath this man sinned, nor his parents; but that the works of God should be made manifest in him.'"

The Christian method of abolishing sin is to avoid evil and do good; the Christian method of destroying disease is to find its causes and use all the preventive and curative measures which real science has discovered through long and patient research. The Eddyite alone seems infatuated with the fatuous theory that he really heals that which he claims does not exist.

PUBLIC HEALTH CONVENTION AT SAN FRANCISCO, SEPTEMBER 13-17.

The 49th National Convention of the American Public Health Association will be held in San Francisco September 13-17, and from present indications will bring to California the most distinguished body of health officials that have ever come to the Pacific Coast. This is the first convention that the A. P. H. A. has held west of the Missouri River and for many of the delegates it will be the first visit to California. Our state has long boasted of its healthful attractions and has an opportunity now to exhibit them to scientific men and women who can appraise and appreciate them best.

Not only should all those who are directly and actively engaged in the various forms of public health work attend this convention, but social workers, nurses, hospital superintendents and, of course, members of the medical profession. The program in its general sessions covers a wide field and has special sections devoted to laboratory and

sociological subjects, Industrial Hygiene, Sanitary Engineering, Vital Statistics, Food and Drugs, Child Hygiene, Personal Hygiene, etc.

A Convention Board consisting of President David P. Barrows, University of California; President Ray Lyman Wilbur, Stanford University; President Aurelia H. Reinhardt, Mills College; Dr. I. R. Bancroft, Executive Secretary State Board of Health; Judge Warren Olney of the Supreme Court, Mr. Chester Rowell of Fresno, Mr. Charles C. Moore and Dr. William F. Snow of the U. S. Public Health Service, was chosen by the national officers to have general charge of the convention. This Board selected Celestine J. Sullivan, Executive Secretary of the League for the Conservation of Public Health, as general manager of the convention.

The preliminary work of the convention is progressing rapidly and the Finance Committee with Dr. Wm. C. Hassler as chairman, Personal Hygiene Committee under the direction of Dr. Adelaide Brown, the Committee on Meeting Places and Sessions Quarters with Robert L. Webb as chairman, Committee on Exhibits under the chairmanship of Dr. Joseph Catton, and the Committees on Publicity, Entertainment, Information, Hotels, Badges, and Reception, as well as the General Committee, are working with a common spirit and purpose to make the convention not only interesting and entertaining but informative and inspiring. Mark your calendars September 13-17 and arrange to spend that week in San Francisco with the American Public Health Association. For detailed information in reference to program write to Convention Manager Celestine J. Sullivan, Butler Building, San Francisco.

SOME PRACTICAL FEATURES OF HEART DISEASE.

It has been said in these columns that modern medicine embraces the prevention, cure and alleviation of disease. In the realm of organic heart disease it is evident that prevention and cure have been little touched in our therapeutics, and what progress we have made has been chiefly in the line of alleviation, more or less lasting. The newer cardio-pathology takes less account of murmurs and cardiac sounds, and in turn stresses the functional ability of the heart as of chief value in prognosis and treatment. Excluding the relatively infrequent, acute, infective heart lesions, the treatment of heart disease therefore dmands of the physician a better acquaintance with the first evidences of disease and a better knowledge of etiology, in order that the all-important prevention of heart disease may be more frequently accomplished.

Two groups of symptoms are significant of beginning heart strain and their meaning should never be overlooked. First, is pain, reflex, appearing in the precordium, left upper chest, shoulder and arm, or in any one of these, and due to stimulation of the spinal centers of the lower three cervical and upper four dorsal nerves by distress in the heart muscle. Many other pains occur in, or are referred to, the same areas. It is necessary to be cautious in diagnosing an anginoid type of pain. It is equally necessary not to overlook the real significance of such referred pain as a mark of muscular insufficiency in the heart.

The second symptom group, which, in its early phases, all too easily escapes remark, is the group associated with incompetent circulation in any other part of the body. Two very early symptoms, often overlooked by the patient himself until he is specifically questioned, are easy tiring and breathlessness. The patient finds he is unduly tired by nightfall, that physical tasks he has formerly undertaken with ease, have become burdensome—in other words, the field of cardiac response is narrowed, and he is finding that his strength hardly suffices for his usual and ordinary effort requirements. Any demand slightly beyond the ordinary requirement meets with immediate evidence of lowered cardiac reserve. Just as significant is breathlessness on slight or ordinary exertion. The respiration rate is a fair barometer of cardiac pressure. The man of sedentary traits, often the physician himself, finds that he tires easily and breathes considerably faster on going upstairs or climbing a small hill. Often his weight has increased and his maximum girth has slipped from his chest in an equatorial direction. Without attention, he gradually finds definite heart weakness. With exercise, proper diet and hygiene, later serious heart disease may be averted.

It is the little foxes that spoil the vines. It is the trivial symptoms that enable us to avoid later trouble. It is the first minor evidences of decompensating heart action that enable the discerning physician to prevent heart disease in many cases. It is important to recognize and control circulatory weakness while it is in the field of lowered cardiac reserve, rather than to wait for unmistakable evidence of interference with the normal or usual field of cardiac response. Estimation by the skilled observer of clinical signs and symptoms will never be supplanted by purely mechanical and instrumental means of heart examination. Not the loudness of the murmur, but the ability of the heart to maintain efficient circulation, is the test of an efficient heart.

CHIROPRACTIC S. O. S.

We are informed by the Los Angeles "Record" that the chiropractors are issuing S. O. S. signals at frequent intervals these days. The signals are chiefly for quick and generous financial aid. Chiropractors who have been violating the medical practice laws have been arrested in a number of California cities. They want a defense fund.

The safest road for these to travel, as well as members of all other cults, and of the entire medical profession is the highway marked by definite statutes. It is not only safest for them but safest for the public. It is a mystery to us where and why any adult gets the opinion that the medical laws of this state can be violated with impunity. The amazing audacity of those who attempt to practice the healing art in defiance of law is born of egotism and ignorance. The

exalted ego of little learning seems to convince its dupes that they are born to heal for coin and their ignorance confirms the verdict.

The low opinion which some chiropractors have of the intelligence of the people is betrayed in their tiresome repetition of the false statement that the California State Board of Medical Examiners is composed of competitors of theirs and are therefore prejudiced against them. The action of the Board is subject to court review and the way to the courts is always open. But when the unlicensed chiropractors are haled before the courts, they object to court review. The ways of the transgressor are hard to understand.

Editorial Comment

On June 5, 1920, the records of the State Board of Medical Examiners showed 1150 practicing physicians in good standing in San Francisco.

In this, as in every other issue of the Journal, you are going to miss things of unusual value and interest, if you do not look through the entire Journal.

Will the Eddyites kindly bring forward one single case of proved syphilis cured by Eddyism alone? If they will do this, it will strengthen our wavering faith in their sincerity.

In connection with Dr. Rixford's article last month on Osteopathy, be sure to read in another column of this issue, "Why We Believe in Proper Medical Education."

The intimate relationship between the physician and industry was pointedly expressed in a recent lecture on industrial medicine by Dr. David Edsall, in San Francisco, when he said: "I think I never go into a factory of any kind without seeing *something* that has a direct relation to medicine."

A number of papers read at the Santa Barbara meeting have not yet been submitted to the Journal office. Will those who are dilatory, neglectful, or forgetful, please send in their papers at once?

In spite of the crowded condition of the Journal, physicians outside of Los Angeles and San Francisco are urgently requested to send in short reports of cases of special interest or difficult diagnosis. If you wish assistance on some obscure case, send in an outline and it will be discussed in the Journal by appropriate authorities. Your name need not appear if you so wish.

Social work has become a large and important specialty of medicine. A hospital or clinic without a social service department is sadly out of touch with modern medicine. The physician must not forget his obligation to translate his training and experience into social terms through the medium of the social worker. Social service is the handmaid of modern medicine, and as such, must be rightly trained, rightly advised and rightly directed.

The managers of the State Charities Aid Association of New York, in asking the Governor to veto a bill recognizing chiropractors, state as follows: "No persons trained in anatomy and the treatment of disease recognize that there is any such thing as 'misplaced or displaced vertebrae' in the sense referred to. If a man is hanged, his vertebrae are very likely displaced. . . The whole structure of chiropractic is built on an assumption which, according to the best information we can get, has no basis in known fact and is contrary to all accepted scientific teachings."

Special Articles

NEGLECTED OPPORTUNITIES

By H. A. L. RYFKOGEL, M. D., San Francisco, Cal.

ADDRESS OF PRESIDENT

For many reasons the members of the medical profession of California are singularly fortunate.

Their activities are carried on in one of the Earth's great Natural Gardens, in which mountain and vale, ocean and lake, orchard and meadow perpetually delight the eye and divert the worried mind.

Their patients and friends or their forebears came to California because the spirit of courage and adventure or love of the beautiful impelled them to leave their ancestral homes and carve out new fortunes and revitalize their souls in a strange and alluring environment.

Peoples from all the places of the Earth, here assembled and mutually intrigued by the seductive charm of their California, have developed an unconstrained familiar spirit from which has arisen that hospitable character which is so well-known the world over and makes life in this state complete, contented and happy.

The physicians of this state, like physicians everywhere, have been generous in individual personal service and when their reward has not been adequate the cause has not always been lack of appreciation on the part of the patient but often to neglect by the doctor of his business methods or to financial difficulty of the patient beyond his control.

They have not until recently, however, made serious attempts to give an organized communal service to the people as a whole.

The possibilities of civic service by an organized medical profession ramify in countless directions and his neglect of his very great responsibilities has resulted in the trained medical man the world over having no voice in legislative bodies.

Influence in the best sense is ever the reward of service and in so-much as an organized medical profession aids the people in the solution of the various problems that stand between them and bet-

ter health, so far the people turn to it for the further development of activities that banish diseases and prolong lives.

Happily the medical profession has the good fortune to have enemies who have roused them for their lethargy of civic inactivity, enemies who by venal methods have sought to retard new or even undo former legislation that tended to advance medical and sanitary science.

In this corrupt attack the most powerful ally has been ignorance on the part of the people and their legislative representatives and until recently there has been evolved no plan whereby the people could be informed of the real significance of measures affecting public health or medical education nor any scheme evolved whereby legislators could learn the action desired by their constituents when bills affecting the public health or the future advance of medicine were presented to them.

Forward movements in science, in education, in politics or religion have through the ages met with bitter opposition from those who worship things as they are and believe that any advance means damage to the social order or from the ignorant who believe that beause they themselves lack knowledge, therefore every factor in human social existence should be pulled down to the level of their understanding.

The physician in dealing with patients and friends has often neglected invaluable opportunities for inculcating the scientific aspects of modern medicine and too often led them to believe in the mysterious powers of some extraordinary natural ability or the occult value of mystic remedies.

Common sense descriptions of the diseased condition present and a logical explanation of the treatment suggested are many times replaced by vague and abstruse suggestion of indefinite but appalling ills, the cure of which can be accomplished only by remedies whose workings are incomprehensible by the layman's intelligence or even the names of which disastrously affect his ailment.

It is not always a matter of astonishment that the sick man at times seeks one who proclaims his method more miraculous because it demands more of his credulity than those of the physician.

As a small dose of the mysterious seems good he thinks perchance a better solution of his difficulties is a larger dose.

To the man ignorant of the exact nature of his disease a thrust in the back which in some inscrutible fashion affects the nerves and thereby the diseased processes in a distant organ is as logical a treatment for his unexplained symptoms as a Latin prescription of unknown significance.

To the unfortunate neurotic whose symptoms may be due to disturbing influences in her mental environment or to failures in her psychic conflicts the mental anesthesia induced by the "all is good and God is all" of the Eddyist may be much more appealing than a diet and a dose of bromide.

A careful sympathetic discussion of symptoms and signs and a logical explanation thereof cannot but appeal to the patient; a rational explanation of the treatment proposed will certainly win his confidence and will surely impress upon him the scientific methods of the physician as distinguished from the guess work of the cultist.

The average man especially when ill is more interested in himself than any other person or thing and through a thorough and thoughtful discussion of his ailment can be taught to take a common sense view of the need of a high standard in medical education.

Instead of telling a patient he has rheumatism in his ankle—is it not wise to say that he has an acute or chronic inflammation of the tissues of or around the joints, and that inflammation is the result of some form of injury which may be mechanical, bacterial or chemical and that the treatment must consist in the discovery and removal of the cause in the first place and the removal of exudates, deposits or new formation of tissues and restoration of normal circulation and function in the second: The physician who thus reasons with his patient at once develops a great opportunity to interest him further in the general subject of better medicine and hygiene.

How easy it is to explain to the receptive mind the necessity of examination of children for defects that might mar their future health or give some striking examples of the necessity of improved sanitation.

Instead of vituperative diatribes against the cultist why not seize the opportune moment of the consultation to teach that we ask only that those who treat the sick have practical knowledge of normal and diseased processes in order that the disasters that come from ignorance be not invited.

Give him a specific instance—tell of the influenza cases treated by prayers and trusting, but by wrong diagnoses allowed to leave their bed and wander around until pneumonia and death resulted—tell of the tubercular joints manipulated and the results—tell of the acute glaucomas prayed over until iridectomy could no longer save the sight—tell of the ruptured gastric ulcers, the obstructed bowels, the strangulated hernias manipulated, thrusted, prayed, wished and even with occult passes waved over to the place from whose bourne no patient returns.

The physician should seize every available opportunity to explain the danger of vicious legislation that may be pending and in the present year we have because of certain exceptionally vicious measures to be voted on by the people an unusual excuses to contrast science with nescience in medicine.

The physician constantly deals with the problem of the individual and all his mental processes are developed toward their solution and the instruction of the single patient.

Accustomed to be the sole arbiter in matters submitted to him he becomes mentally autocratic and even intolerant in his attitude in matters relating to medicine.

He has not like the lawyer learned so to mold his thinking that it will influence groups and masses or has he learned that in order to educate and properly influence a population thorough organization is essential, and that an organization to be

efficient must employ specially skilled and loyal experts and command unwavering assistance in policies that have been planned by chosen officers even though at times he may disagree.

He forgets that executives must at times act on knowledge that must not be divulged for strategical reasons and is therefore inclined to criticize the plans of the organization.

In 1918 when the initative suggesting an unsatisfactory method of sickness insurance came before the people, members of the profession realized that the proposed measure would degrade the profession and demoralize the public. An appeal was made to the physicians to organize and defend themselves. The success of this you know, but it became evident that it was necessary to organize and thoroughly drill from among the members of the medical profession a voluntary army who could devote themselves to the advancement of public medicine as represented by medical education, sanitary science, hospital improvement and industrial medicine.

The Publicity Bureau had already discovered the impossibility of converting the State society into an organization of this kind because societies that are primarily scientific and social must necessarily make a poor showing in any militant function that is thrust upon them.

A fighting mechanism whether to be a battleship, an army or an organization must be designed for the purpose of winning battles and the League for the Conservation of Public Health is the mechanism that the profession of California has constructed to win its battles for the development of a healthy citizenry and the success of medical ideals.

Already the League acting for the State Medical Society has accomplished extraordinary results and entered into many promising activities that will be of inestimable value to the people and the profession.

Just one example. The Medical Society of the State of California was asked by the American Medical Association and several national bodies to join with a committee selected by itself, the Dean of the Medical School of the University of California, the Dean of the Medical School of Stanford University, and the State Board of Health, to undertake the so-called standardization of the hospitals of the state. The council of the State Medical Society decided that the League for the Conservation of Public Health had the machinery and was best equipped to do this important work. It called upon the League, and the League responded. The functions and the facilities of the State Society were then transferred to the League for this specific purpose and the results have been most gratifying. The League has already obtained more practical, accurate and complete data on the hospitals of the State and the problems that confront them than any other organization, local or national, has been able to secure.

The League's program comprehends a gradual improvement and development of the progressive hospitals of the state to accomplish the maximum of good for all. All hospitals of the state will be surveyed as rapidly as possible. The purposes of this survey is to determine the hospital facilities, the kind, character of construction, administration, equipment and quality of service each hospital is rendering in its particular community.

The information gathered is filed under the fifty-eight heads of the official hospital survey reports of the League. A duplicate of these reports covering each hospital is sent to the American Medical Association. I could quote at length from many splendid endorsements which this work has received from the American Medical Association, but will only include this brief commendation from our highest authority. "I appreciate very much the thoroughness with which you are investigating the hospitals of California and wish that in some way equally fair organizations and equally competent inspectors might be procured in other states." I wish to add to this my own personal commendation. The ability, industry and thoroughness of Doctors Musgrave, Ophuls, Whipple, Fulton and Black, are well known to all of you, and the work that they are doing through the machinery of the League makes for better medicine and better hospitals. American Medical Association has stated that the hospital betterment movement is the most important problem to solve and the paramount work before the medical profession today. It should be a source of deep gratification to all of us that the medical profession of California has taken an advanced position on this important subject.

Before closing I must call your attention to the untiring loyalty and efficiency on the part of your executive officers. For the first time in the history of the society a systematic campaign has been inaugurated by the Publicity Bureau for the increase in the membership of the society.

Dr. Kenyon will tell you in the report of the Council to the House of Delegates how highly successful this has been.

Efforts have also been made to devise methods of increasing the attendance at the County Societies, and I believe much further work should be attempted along this line.

Large attendance means increased interest, increased interest means augmented membership and improved organization.

I suggest a study of the methods of the many societies throughout the U. S. and investigation of our own county units in order that plans for increasing the value of the societies to their members may be devised.

The meeting of the State Society should be more largely attended. 20% is not a sufficient representation. Methods to make the meeting even more attractive should be planned and some of the Society funds can and should be placed in the hands of the program committee for expenditure at the time of the annual meeting.

Your committee on Industrial Accident Insurance with Dr. Parkinson as chairman has done a great deal of work. The members have given much time, traveled and devoted enormous amounts

of thought and energy to the solution of the problems involved.

I have been present at several of their meetings and conferences as well as at the regular and special meetings of the Society where the subject was discussed.

In its report the committee submits a substantial increase in rates, greatly simplified report blanks for general use, and makes the statement that the carriers would welcome the appointment of a standing committee from the Society to which all matters in dispute between the companies and the profession would be referred and would in turn appoint one themselves to co-operate.

The attorney of your Society, Hartley Peart, has as usual given up unselfishly not only his time but his very best thought and more especially a loyal friendship accompanied by a loving understanding of medical ideals, medical ambitions and medical men. I ask you to listen especially carefully to his report.

No claimant has been found entitled to any judgment against any member of the Society during the past year for alleged acts of negligence. Those members of the Society who have joined the Indemnity Defense Fund have the satisfaction of knowing that the resources of the Fund have remained unimpaired except for two small settlements from the time that this co-operative protection was established in December, 1916.

During the year the membership in the Fund has very greatly increased. Those of you who have not joined it should not hesitate longer before doing so. You owe it to yourself and your family to secure this protection which we believe to be superior to any other, and even though you may be insured in private companies you should add to that insurance a membership in the Fund. As the Chairman of the Council and the Legal Department will present reports more in detail on these subjects, I will not go into further detail concerning them.

I began this address with a eulogy of the natural environment in which you pursue your tasks.

I will close by congratulating you on being the best organized group of medical men in the world today and by praising you for having effected your well knit and interlocking organizations on an unselfish basis of service to the public.

But do not forget that while we are becoming better doctors we must also become better soldiers in this army that we have created because the forces of ignorance like those of evil will always be prepared for an attack and will ever select for their opponents, those who are of the greatest service to the world—the proponents of knowledge.

CAMPAIGN ISSUES.*

By DUDLEY A. SMITH, M. D., President of the League for the Conservation of Public Health
Santa Barbara, May 12, 1920

A year ago in this very room the League held its first luncheon at a convention of the State Medical Society. When we were invited to fill a similar place on this year's program we accepted gladly; for all the work that we have been doing has been for the upbuilding of the medical profession, and we have been successful in our work because we have received the untiring, enthusiastic and active co-operation of the medical profession throughout the State.

We told you last year that the League was a 365-day organization that was both on and on to its job, always ready for fight or frolic, for emergency or regular service. We had scarcely left Santa Barbara when we were called upon to make good our promises by doing heroic emergency work.

Whilst we physicians and surgeons were engaged in profound discussions and delightful exchange of erudite ideas down here by the opaline seas, a minority, that some considered negligible, impressed the Legislature so favorably and forcibly that the title of physician and surgeon, which we all prize as a precious possession, was wholesaled to this inferior minority at the bargain price of $25.00 per title—and mark you, without any examination.

GOVERNOR VETOES BILL

The League wired the Governor and called his secretary on the long distance asking that his Excellency withhold his signature and accord us an opportunity to present arguments and show that this Osteopathic Bill was a menace to the public health. A brief stay of execution was granted. We were allowed 36 hours to mobilize our forces. A dozen long distance telephones got busy. Before the hour arrived for the hearing in Sacramento the Senate Chamber was filled with leading representatives of the profession from all sections of the State. Many who could not come on such brief notice wired the Governor reasons, in respectful language, why he should veto the bill. It was said by one of the doctors who attended that memorable meeting that if those who came in answer to that emergency summons were called into consultation to see a millionaire, the combined fee would be over a million. And the glory of that coming to Sacramento by the leading representatives of scientific medicine; that demonstration of interest in the public welfare was worth over a million to the public health of this State—when you pause to consider how the health of the men, women and children would have been jeopardized if hundreds, yes thousands, of incompetent men and women, without experience or training, would have been turned loose by that bill on an unsuspecting public with unlimited license to prescribe drugs and perform operations. It hardly seems possible at this distance from Sacramento, and especially in this scientific atmosphere, that a majority of the Legislature considered your title and mine worth only $25.00. That, however, would be the law of the State to-day if it had not been for the well-directed efforts of the League.

In reviewing the medical legislation of this country, we find very few facts upon which to congrat-

* Read before the League for the Conservation of Public Health at the Forty-ninth Meeting of the Medical Society, State of California, Santa Barbara, California, May, 1920.

ulate the medical profession. For a long period the public was willing to leave in the hands of the medical profession the examining and licensing of its own members. It was believed that this would be the most effective method to protect the public against ignorance and imposition. This plan was adopted by the people to govern two professions—the medical and the legal. The medical profession, for reasons well known to all of you, lost the privilege, the laws were repealed and other laws restricting, hampering and undermining the medical profession were passed.

CONTRAST MEDICAL AND LEGAL PROFESSIONS.

The legal profession still has entire control of admission to its profession and expulsion from it. There are no cults or sects in the legal profession. Qualifications for admission are based solely on educational and moral character. The legal profession takes an active interest in civic affairs and in making the laws by which it and all the rest of us are governed. The medical profession, in some States, considers it almost unethical to know the name of an Assemblyman or State Senator—such profane knowledge seems to disturb its laboratory findings. We know in California, however, that the action of your Assemblyman or my Assemblyman may disturb not only the laboratory findings, but the laboratory foundations. We know the Legislature has plenary power to determine the laws under which we practice, and the chief reason that legislatures in various States have passed laws that weaken and impair medical practice and imperil the public health is because no consistent organized effort was made by the medical profession to inform the members of the Legislature.

We find the medical profession in New York serving notice that it will not serve the public if certain alleged social welfare laws are passed. We read last week of the medical profession in New Jersey passing resolutions condemning Governor Edwards, giving the resolutions to the public press in which the doctors promise political reprisals against the Governor and the Legislature, because the Executive and the solons passed obnoxious laws. No argument, however, was offered against these laws until they were passed. The scientific tears that we shed over spilled lacteal fluid will not irrigate any alfalfa, especially when we spill the beans in addition to spilling the milk, as the doctors did in New Jersey. Why did they do it? Because they are not organized, they have no uniform policy or plan of action. One of the chief secrets of the success of the framers of the Constitution and the founders of this Republic was organization, consultation acting as a unit. Gladstone said, "the American Constitution is the most wonderful work ever struck off at a given time by the brain and purpose of man."

LEAGUE REFLECTS CONSENSUS OF OPINION.

Various writers in analyzing the Constitutional Convention, which met at Philadelphia in May, 1787, have observed the many shortcomings in the different plans offered by individual delegates, and how far superior the Constitution finally adopted was to any individual plan. It represented the consensus of opinion. And that is what this League always aims to do for the medical profession. It is the consistent and persistent policy of the League to secure a consensus of opinion, get the facts, before it takes action. On controversial questions that have not been passed upon definitely by the medical profession, it is obviously improper for the League to take affirmative action. The League cannot be stampeded or its influence enlisted for private purposes.

FOUR CAMPAIGN QUESTIONS

There are four questions, however, that are campaign questions this year upon which the League has already assembled sufficient reliable information to warrant us in recommending their defeat.

WHAT ANTI-VIVISECTION WOULD DO TO CALIFORNIA

The first to which I invite your attention is the proposed initiative which the anti-vivisectionists are placing on the ballot to be voted on at the general election November 2, 1920.

Even a cursory examination of this proposed measure will reveal its pernicious character. It means, if adopted, the discontinuance of all experimental research work in general biology, in agriculture, in medicine and veterinary medicine in California. This would make the proper training of students in these essential subjects impossible. It would practically abolish in this State the manufacture of the numerous vaccines and sera that are used in the prevention and treatment of disease, impair the standardization of drugs and thereby seriously interfere with the practice of medicine.

Experimental diagnostic tests, so effectively used by physicians in their daily work for tuberculosis, syphilis and pneumonia, would be practically prohibited by this vicious measure. All scientific progress through experimental channels would be stopped. Public health work that must rely on experimental investigations for the conduct of campaigns against epidemics, would be completely handicapped, as under the provisions of this anti-vivisection initiative the scientific steps necessary to discover the causes and control any epidemic would be forbidden. Epidemiology would thereby cease to be a great vital force in California. The incalculable damage to the health and development of the State and the many other disastrous results that would necessarily follow the adoption of this measure are not obvious to the average voter, and therefore an educational campaign is demanded.

The danger that this initiative might be adopted will be apparent to you when you know that the proponents of the measure are extremely active and well financed. We all know how effective a sentimental appeal may be made, and how mendacious propaganda wins support when allowed to go unchallenged. The anti-vivisectionists this year seem to have an unlimited supply of misleading literature that will impose on many unless we conduct an effective educational campaign to counteract it.

WHY DO CHIROPRACTORS WANT INDEPENDENT BOARD?

The second measure is the Chiropractic Initiative which proposes to create a separate Board of Chiropractic Examiners. Under the present laws of California a chiropractor may take the drugless examination which requires only half the educational qualifications demanded for a physician and surgeon's certificate. So that any half-educated disciple of chiropractic may secure a license by passing the easy examination given by the State Board of Medical Examiners.

There are a number who are unable to meet the lowest requirements and who are practicing the healing art in defiance of the law. There are some of our public officials who look leniently upon and are very indulgent to violators of laws pertaining to the public health. There is nothing more vital to the public welfare than those laws that endeavor to safeguard the health of the people by making all, who treat diseases, injuries, deformities or other mental or physical conditions, pass a definite examination to determine their moral and mental qualifications.

Less than 1 per cent. of those licensed to practice in this State are chiropractors. There are a number practicing without license, and they have boasted in their own publication and in open letters that they will not submit to the Board of Medical Examiners of this State. They have come here with the avowed purpose of breaking down the present Medical Practice Act and establishing a board of their own through which all that are now practicing in violation of the law would be admitted to practice upon their own terms and without any competent control by the State.

They secured upwards of 65,000 signatures to their initiative petition and it will be voted on at the general election November 2, 1920. At the last session of the Legislature members of this small and almost insignificant group came within two votes of passing a bill that would give them all the special concessions that they are now asking direct from the people. The bill would have been passed had it not been for the effective work done by the League for the Conservation of Public Health.

The reason that such a small group was able to make such a strong impression on the Legislature is because it is active and well organized. The reason the League was able to defeat that bill and many others that contained lurking dangers was because the League had the organized machinery to place the facts impressively before the Legislature. Even when we have right on our side, if we don't get right side up with care, the right side will go down.

OSTEOPATHIC REFERENDUM

Another measure on which the medical profession should be prepared to give accurate information is the referendum which the osteopaths have placed upon Senate Bill No. 604. Senate Bill No. 604 amends Sections 7, 8 and 9 of the Act of March 6, 1907, regulating the sale and use of poisons in the State of California, and makes it unlawful for any person to sell, vend or give away or furnish a hypodermic needle unless such instrument was purchased by a duly licensed physician, dentist or veterinarian to practice and prescribe medicine. All these various terms are defined in the Act and do not include an osteopath. Now, what an osteopath—the outstanding champion and exponent of the non-drug or drugless system of healing—wants with a hypodermic needle is not clear to me. It is absolutely inconsistent; but no one looks to cults for consistency. Cults don't wear that kind of jewelry. But we are justified in expressing surprise when we find the osteopaths placing a referendum to prevent the enforcement of a law that merely prohibits them from doing what they have long declared they never do and don't want to do, because it is wrong to do. Blessings brighten as they take their flight.'

The osteopaths compose only 7 per cent. of the licensed practitioners of the State, and nevertheless they were powerful enough through their well-financed and directed organization to pass a pernicious bill at Sacramento last year.

CONSTITUTIONAL AMENDMENT PROPOSED BY THE PUBLIC SCHOOL PROTECTIVE LEAGUE.

A fourth measure—a Constitutional Amendment—will appear on the ballot at the general election November 2, 1920. It reads as follows:

"No form of vaccination, inoculation or other medication shall hereafter be made a condition precedent in the State of California, for the admission of any person to any public or private school, college, university or other educational institution, or for the employment of any person in any public or private business or industrial activity, or for the exercise of any right, the performance of any duty, or the enjoyment of any privilege. The provisions of this Section shall not be controlled or limited by any other provision of this Constitution."

I need not stop to point out the comprehensive character of this vicious measure or the hampering activities of the Public School Protective League that has undertaken to pass this Constitutional Amendment.

BETTER HEALTH MAGAZINE

Better Health magazine—the official organ of the League for the Conservation of Public Health—will deal very fully in coming issues with this and other vital issues that confront the medical profession.

Better Health will be the constant champion of modern preventive medicine. It will be the outspoken advocate of progressive health legislation. It will be interested in the enforcement as well as the enactment of laws that will insure a qualified medical profession, well directed and equipped hospitals, laboratories and other efficient agencies of modern medicine. It will be an active ally of all of these to enable them to promote and protect the public health and render a better and safer service to all.

Through the medium of *Better Health* the League will extend its campaign of education and correct

popular errors and unsound views on vital questions that hinder or prevent the progress of modern medicine. The officers and members of the League for the Conservation of Public Health are devoted to this worthy enterprise, which gives ample guarantee for its success. *Better Health* will win not only by the merits of its contents but by what the League stands for in California. It will be our permanent policy to maintain the highest standard of quality in all departments of *Better Health*. I ask all of you to give *Better Health* the welcome and support that I know it will merit. First read it from cover to cover yourself. Then place it in your reception room for your patients to read.

THE DOCTOR'S DUTY TO THE PUBLIC

It has often been observed that if all the truths of modern medicine could only be applied in their fulness all the time, that the health and happiness of the community would be immeasurably increased. The chief reasons that they are not applied, and that much of the scientific work of medicine is often nullified, are ignorance, prejudice and carelessness, and the heavy handicaps imposed by a combination of the three. Education of the public along health lines is the direct road to better medicine and better hospitals. Without public good will and public co-operation no movement can accomplish much. We want to preach the gospel of health to the public through the League magazine *Better Health,* so the larger its circulation the more the League can accomplish for the common good.

In these four Campaign issues that I have briefly outlined to you, I am sure that each of you will recognize an individual duty and responsibility. To be determined rightly these questions demand the attention and the information and the leadership which the medical profession owes the public on health questions. We are not interested in the defeat of any of these measures because of personal gain. We have no private purposes to promote and no selfish interests to advance. If these measures were in the interest of the public health, the medical profession should and would be for them; as they are a menace to the public health all of us must be against them.

Original Articles

THE FORMICATION TEST IN PERIPHERAL NERVE INJURIES—ITS INTERPRETATION*

By CHARLES L. TRANTER, M. D., San Francisco

When a new diagnostic test is proposed which promises either to give information not afforded by the customary tests, or to replace ordinary methods because it is more easily or quickly carried out, it usually receives a thorough and impartial trial by numerous workers. Few of the proposed tests, however, survive the critical investigations given them, while the majority are discarded because they add nothing of value to the information afforded by the accepted methods of diagnosis, or because they prove to be unreliable. The formication test has been exhaustively investigated by neurologists and surgeons who were engaged in the care of peripheral nerve injuries during the recent war, because it gave promise of providing information not afforded by the routine tests, and because it was thought to be a shortcut method of diagnosis. The result of this investigation is a skepticism so great that the test is in imminent danger of being discarded. Whatever judgment is passed upon it at the present time seems destined to stand, for the experience with the comparatively small number of peripheral nerve injuries to be observed in peace times will have little weight when compared with the huge experience with similar war wounds.

Unless a different interpretation is accorded the test from the one now current in this country outside of a few neurological centers, a valuable diagnostic procedure will go unrecognized. Many of our most competent observers have recorded the presence of formication below the level of the lesion in cases in which operation demonstrated complete severance of the nerve with considerable separation of the ends. These same observers contend that the presence of formication affords no evidence of the proportion of nerve fibers that are in the process of regeneration. With the current technique these statements cannot be successfully controverted, and they would seem to warrant the discontinuance of the test, for the information afforded by it would seem to be misleading and confusing.

A technique is possible, however, embodying a measurement of the length of the zone formication and a comparison of the intensity of the formication elicited at the level of the lesion with that elicited at the lower levels, which will permit a diagnosis of complete interruption of the nerve to be made with just as much certainty when formication is present below the level of the lesion as when it is fixed at the level of the lesion, and further, which will give an indication of the proportion of nerve fibers in course of regeneration. In addition, it will furnish the surgeon with information concerning the penetrability of a lacerated, scar-enveloped, or neuroma-containing nerve, which will be the best evidence very frequently for or against excision and suture. The importance of the last mentioned statement must not be underestimated for it makes an exploratory operation the rational procedure comparatively early in a majority of severe nerve injuries as it deprives this operation of the danger of removal of nerve tissue in the course of regeneration. It gives more information in doubtful cases than is afforded by inspection or palpation. Without question the most difficult problem the neuro-surgeon faces in the treatment of peripheral nerve lesions is the decision between resection and suture on the one hand and neurolysis on the other after he has exposed a lesion consisting of frayed-out nerve fibers, a neuroma in continuity, or a nerve enveloped in a mass of scar tissues. In such cases

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there is no voluntary motion, foradic stimulation of the exposed nerve is practically always negative so that the formication test is the sole criterion of the penetrability of the lesion. Much would be lost by resection and suture provided regeneration had been proceeding satisfactorily.

A technique which embodies a comparison of the intensity of the formication at the level of the lesion with that elicited at lower levels and a determination of the average daily rate of regeneration has given data so useful that the speaker recommends the routine use of this method of performing the test. The legitimate position of the test is as a part of the complete neurological examination, for its proper interpretation depends upon the consideration of all the diagnostic data.

The interpretation herein set forth is the result of an experience with over a thousand cases observed at an interval of from a few days to eighteen months after the receipt of the wound, and upon the observation of the work of Tinal and his associates during an extended period.

In the early contributions which appeared in English there was no insistence upon a comparison of the intensity of formication at the level of the lesion with that elicited at lower levels, nor upon an estimation of the average daily rate of regeneration, and it is because of this fault in technique that incorrect conclusions have been drawn and a valuable test come into more or less disrepute.

Tinel's sign may be defined as the presence of formication in the cutaneous sensory distribution of a nerve elicited by mechanical stimulation of regenerating axones by pressure or percussion over the nerve trunk either at or below the level of the lesion. The importance of the sign is due to the fact that by measuring the zone over which mechanical stimulation induces formication, to be spoken of as the zone of formication, the length of the regenerated portion of the nerve can be determined.

It is a well-known physiological fact that the sensation resulting from stimulation of the trunk of a sensory nerve is referred to the peripheral distribution of that nerve; hence the mechanical stimulation of regenerating axones results in a sensation referred to the skin distribution of the nerve. A common example of this peripheral reference of sensation is that sensation thought to be felt in a missing hand or foot when an amputation neuroma is stimulated.

Formication does not appear immediately after an injury even if there has been an immediate suture, but only after the lapse of from four to six weeks, for it is only after recovery from the retrograde changes has had time to take place that the process of regeneration begins. The absence of a fully-formed myelin coating has been thought to account for the ease with which regenerating axones can be stimulated with resulting formication. Formication is very easily elicited when a neuroma is stimulated, and this is correlated with the fact that a neuroma contains a large number of new axones, representing as it does an attempt, though a defective one, at regeneration, the axones simply becoming rolled upon themselves without making any progress.

The sensation of formication experienced by the patient is described by him quite characteristically. Most frequently he likens it to a "feeling of electricity" which he localizes accurately to the cutaneous distribution of the affected nerve. Often he will speak of the sensation as "tingling" or, less frequently as "a pins and needles" sensation. It may vary from a slight momentary paraesthesia to an intense tingling persisting a minute or more after the stimulation has been discontinued. This variation depends upon the number of sensory fibres that have regenerated and the intensity of the stimulation. Nerves that are rich in sensory fibers, as the median, are capable of giving formication of greater intensity than nerves which contain but a small proportion of sensory fibers, as the anterior tibial. The variation in the intensity of formication that can be elicited in different nerves occasions no difficulty in examination for different nerves are not compared with one another. The intensity of stimulation must be varied to suit the individual case, for a deeply situated nerve, or one surrounded by callus requires stronger percussion than a superficially situated nerve.

The descent of the zone of formication corresponds to the growth of the sensory fibres and does not directly measure the regeneration of the motor fibres. A fairly close correspondence, however, has been observed in our experience between the rate of regeneration of the two varieties of fibres. The failure of the test to directly measure the growth of motor fibres is of practical disadvantage with reference to lesions of only one peripheral nerve, the posterior interosseous branch of the musculospiral nerve. However, it is frequently possible to follow the descent of fibres in this nerve with lesions of the musculo spiral above due to the misdirection of sensory fibres into this purely motor nerve.

The rate of regeneration may vary more or less according to the general health and age of the individual, the character of the injury, and the reparative powers of the individual. Alcoholism has been thought to exert a retarding influence on this rate. The descent of the zone of formication may be due to the regeneration of but a few fibres while the bulk of the fibres become rolled upon one another into a neuroma at the site of the lesion. In such cases, however, a careful examination will reveal the fact that the intensity of formication produced by percussion over the neuroma is very great while that elicited at lower levels is much less. There is a tendency for the zone of formication over a few fibres in such a case to proceed but a comparatively short distance, and to fail to reach the extremity of the limb when the lesion is high.

Formication persists for many months so that it is easily possible to determine the level of the lesion or of operation six or eight months or even longer after the date of injury or operation. Strong percussion may be needed to obtain the upper

limit after the lapse of many months. Because of the long persistence of formication it is possible to obtain measurements in millimeters of the zone of formication.

The sensation of formication is quite different from the pain of nerve irritation and there is never any difficulty in the differentiation. Formication is absent in cases of pure compression where no axones have been destroyed, and it is never found in those cases of "nerve shock" accompanying wounds from which the paralysis is recovered in a few weeks. It is present in incomplete interruption where it indicates the presence of axones in the process of regeneration. Stray sensory fibres may grow out from the lesion penetrating the adjacent scar tissue growing into superficial scars or over-neighboring muscles. Careful examination will reveal the cause of the slight formication which may be produced by these aberrant fibres and there will be no confusion. Sensory fibres may grow into motor branches as in the posterior interosseous nerve.

TECHNIQUE AND INTERPRETATION

The two determinations necessary for the correct interpretation of the test are:

1. A comparison of the intensity of the formication elicited at the level of the lesion with that elicited at the lower limit of the zone of formication.
2. A measurement of the length of the zone of formication and a determination of the average daily rate of regeneration.

The lower limit of the zone of formication should be determined by beginning with light percussion well distal to, and gradually approaching the lesion. The patient should be requested to state when he experiences a peculiar sensation and to describe it and to definitely indicate its position by tracing its outline with the finger. This determination should be repeated a few times, giving the patient an opportunity to state when he definitely feels the tingling. Percussion with the finger tip is much to be preferred to that with the percussion hammer. It may be necessary to allow an interval of a few moments between successive tests when determining the lower limit of formication, for the tingling once initiated may continue for a short time. It would be disadvantageous to proceed distally in determining the lower limit because of persistence of formication. Especial care must be taken that the nerve is not under tension as is often the case after resection and suture and to obviate which the limb should be flexed. When such a nerve under tension is percussed many centimetres below the termination of the regenerated axones the patient may reply that he feels formication due merely to the transmission of the impulse. Likewise care must be taken in percussing a nerve beneath an infiltrated area where the stiffness of the tissue will transmit the impulse and cause stimulation from a distance. The limb should always be supported and it is preferable that the patient should be looking away from the region percussed. Agitation of a limb should be avoided and the extremity should not be cold. Care must be exercised that formication is entirely within the distribution of the nerve tested and not in that of a neighboring nerve which may also be affected. When more than one nerve is involved in the extremity, percussion must be so directed that only one is stimulated at a time, or it should be repeated until the patient can definitely distinguish between the sensory regions supplied by various nerves.

The many precautions detailed above really involve but little trouble in practice. A careful explanation of what is wanted should precede the examination. The tingling is so definite that consistent replies were obtained even from patients of rather low intelligence. While percussion has been spoken of as the stimulation used, merely slight pressure of the finger tip may be all that should be employed where there is danger of transmission of the impulse.

The upper limit of the zone corresponding to the level of the lesion or to the line of suture should next be determined by beginning above and gradually approaching it. Stronger percussion may be needed if many months have elapsed since injury or operation. The wound left by a missile or an operative scar is an indefinite indication of the level of the lesion and is wholly unsatisfactory in measuring the zone of formication. This level should likewise be marked with a skin pencil. After both limits have been marked the distance should be measured in millimeters. The number of days between the date of receipt of the wound or of operation and the date of examination should next be computed.

The average daily rate of regeneration should be computed by dividing the number representing the length of the zone of formication in millimeters by the number representing the days of the period of regeneration after 20 has been deducted from the latter. The deduction of 20 is to compensate for the period necessary to permit recovery from the retrograde changes following section, this having been found as a fair working average.

The average daily rate of regeneration in young healthy subjects is between 1½ and 2 millimeters per day. A rate of over 2 millimeters, even as high as 2¼ millimeters is occasionally found. In older subjects the rate is less and may be not more than 1 millimeter per day.

The intensity of the formication as determined at the lower limit must now be compared with that elicited at the upper limit. When regeneration is satisfactory, the intensity of formication below the level of the lesion is always as great as that above.

In cases of complete or almost complete section a very few fibres may succeed in penetrating the scar tissue between the ends and in finally reaching the peripheral segment. If the number of fibres which penetrate the distal segment is small, they commonly fail to reach the extremity of the limb, so that a sub-normal average daily rate of regeneration of comparatively little intensity indicates complete separation or the pres-

ence of a neuroma which will not permit satisfactory regeneration and warrants surgical interference.

If the zone of formication is shorter than it should be according to the duration of the period of regeneration, it must be determined whether there is a second lesion, perhaps one wholly unsuspected, not a rare occurrence in war patients with multiple wounds.

CONSIDERATION OF THE CRITICISMS OF THE TEST

A full consideration of the criticisms of the test cannot be fully gone into at this time, but are to appear in a later publication.

The presence of formication with complete interruption of the nerve is the most common objection raised by various writers.

The speaker agrees with the statement that formication is frequently present with complete section of the nerve and more or less separation of the nerve ends. This formication is due to the penetration of a few sensory fibres through the scar tissue and into the peripheral sheath. A few nerve fibres pursuing an indirect course through scar tissue and between widely divided nerve ends may be inconspicuous at operation so that the case will be classified as one of complete section. In these cases formication is habitually of little intensity as compared with that elicited at the proximal nerve end, and the rate of regeneration is frequently sub-normal, so, with the technique advocated in this paper the diagnosis of complete separation should be made in these cases.

Another frequent criticism is that the formication elicited is no indication as to whether the proportion of regenerating nerve fibres will be sufficient to result in satisfactory recovery. A comparison of the intensities of the formication as recommended above will negavate this objection.

A third and frequent objection is that formication is found at a lower level than regeneration could possibly account for. This comes from the failure to mark the limitations and accurately measure the zone, and to avoid stimulating the nerve at a distance by relieving the tension on the shortened nerve. We have no laboratory evidence to answer the objection that the rate of regeneration of sensory fibres is not the same as that of motor fibres, but our clinical experience allows us to state that there is a close correspondence between the two.

Much of the criticism depends upon the misconception that the presence of *any formication* means regeneration and contraindicates surgical intervention.

THE VALUE OF THE TEST

Complete interruption is indicated by fixity of formication at the level of the lesion on repeated examinations, or by formication of diminished intensity below the level of the lesion and of subnormal rate of regeneration. Either finding should warrant surgical exploration.

In our war experience we came to feel that a considerable proportion of cases should be operated on comparatively early, about three to four months after healing of the wound, not alone for the direct exploration of the nerve, but for the removal of large adherent scars. The patients appreciated the removal of these unsightly scars and the vascular disturbances were usually less after such surgical procedures. The formication test rendered such early operations devoid of danger in that formication of good intensity and of normal rate below the lesion called for a neurolysis instead of resection and suture in doubtful cases.

The formication test gives definite evidence of regeneration long before muscle reflexes appear or before voluntary motion becomes possible. It frequently tells us when a suture has been unsuccessful, as may happen when the ends pull apart after having been sutured under some unavoidable tension.

There are additional minor points of value in the test, in that it often indicates the position of a neuroma under a long scar and helps in locating the nerve ends at operation and in telling whether a suspicious palable mass is a neuroma or not, or in revealing a second unsuspected lesion, and finally, it is of great value in helping to keep up the morale of the patient during the long period before the reappearance of voluntary motion.

240 Stockton Street, San Francisco.

EXPERIENCES IN TESTICLE TRANSPLANTATION.*

By L. L. STANLEY, M. D., San Quentin, Cal.

During the past two years eleven men have been operated upon at San Quentin prison for the implantation of human testes taken from recently executed convicts.

In the past four months, twenty-one have had implanted in them testicular material taken from young rams.

This work was done to substantiate, or disprove the assertions and claims made by various writers, particularly Lydston of Chicago, whose reports have appeared in medical journals, and later by Voronoff of Paris, and Brinckley of Milford, Kansas, who through the daily press under their own signatures have made statements which have aroused the curiosity of the public and have instilled into some unfortunates, the hope of longevity and eternal youth.

The first case, reported by Dr. Frank Lydston (in the *Journal of the American Medical Association*, February 8, 1919, volume seventy-two, number six, page 397), operated on at San Quentin Prison in August, 1918, was a man age twentfive years, who subsequent to a kick in the scrotum at the age of twenty, had had atrophy of the testicles, with diminished sexual activity as well as mental and physical languor.

Two testicles removed from a negro, age twenty-seven were embedded in the pampiniform

* Read before the Forty-ninth Annual Meeting of the Medical Society of the State of California, Santa Barbara, May, 1920.

plexus of the recipient, using spinal anesthesia. The recovery was uneventful.

Three months after the operation the patient had shown considerable improvement physically, mentally and sexually. He moved more quickly, had more expression to his face, and gained fifteen pounds in weight.

Sexually he had frequent erections, even having them in the day time, something he had not experienced since his accident.

In June, 1919, he was paroled to a saw mill, where he served as a car loader. The superintendent reported that he was better than the average laborer, and did his work very satisfactorily.

In April, 1920, he returned to San Francisco. An examination of the implants showed them to have atrophied to the size of cherry pits, but he claimed his sexual activity had not diminished, and that he felt quite energetic. These manifestations contrast markedly from his demeanor previous to the operation.

Cases two and three each received one testicle taken from a Mexican, age 27, who was executed in February, 1919.

Number two was a boy, aged 20, who was kicked in the scrotum in a football game. Atrophy ensued, accompanied by lessened sexual desire and decreased mental and physical activity. After the implant he had frequent erections, and declared that he felt 100 per cent. more passionate, besides feeling better in every way. One year after the operation the implant had atrophied to size of ordinary cherry, but the good effects still persisted.

At the present time, fourteen months after, there has been no diminution of the benefits derived and the patient feels fine.

Number three, age 50, had impotence following an orchitis. With his lack of sexual powers there was also a diminished mental and physical vigor. Following the implantation he became more alert, brighter, and had daily erections. He asserted that he felt better than he had for years, and that his passion was as great as it had been when he was twenty-one. After eight months the implant had reduced to about half the size, and the libido sexualis had somewhat decreased. Consent was given to have the graft removed.

Microscopical examination showed it to be entirely necrotic, with slight ingrowth of cellular connective tissue into the necrotic capsule.

Case four, age 50, had testicles injured in 1910. His general health and sexual vigor diminished.

In June, 1919, two testes removed from a man age 26 were grafted on to his own atrophied glands, by cutting flat surfaces on the testicle of the recipient, and on the ingraft, sewing them together with Lembert sutures. The wound healed well, and the patient had an erection five days after the operation. From this time on he has had daily erections, with no diminution in his libido sexualis. He has improved in demeanor, is energetic, enjoys living, and has gained in strength and in weight, from 150 pounds to 194 pounds. The oculist reports that this man's eyesight has improved fifty per cent (50%), and the patient himself often speaks of the improvement.

Patient five, age 70, had double testicle anastomosis. There was some sloughing from both sides after a week, but in spite of this the patient derived much benefit, not only in physical well being, but in mental alertness. He continues after eleven months to have frequent erections, and often remarks about his good health and high spirits, which he attributes to the gland transplantation. This change for the better is noticeable by daily observations of him.

The sixth patient was operated on in July, 1919, two testes removed from a Japanese, age 38 being engrafted. This man claims to have always been strong sexually, although his testicles were atrophied to the size of almond kernels, due to injury when age 16. His actions, and general characteristics were rather feminine, having broad hips, abnormal obesity, high voice and many female mannerisms. Two weeks after the operation both implants began sloughing, and within a month had been almost entirely thrown off. The patient declared he had received no benefit from the procedure, and that his libido sexualis had in no way been affected. It was reported by the choir leader that the voice had changed from a high tenor to a low tenor. This change was remarked by others.

On April 26, 1920, a slice of ram's testicle was imbedded into the abdominal wall of this same patient. Two days later he had an erection, and felt very well.

Patient seven, age 44, had been sexually strong up to eleven years ago, when he injured testicle by falling astride scaffolding. In September, 1919, one testicle was transplanted in his scrotum from a Mexican age 37. He had several erections following this, but in ten days the wound broke open and later on most of the gland sloughed out. The patient felt that the operation had little beneficial effect in any way upon him. In appearance he is improved, but this may be attributable to the regularity of prison life. He is anxious to receive another implant.

Number eight, negro, age 50, was divorced because of his sexual inability, due to a crushing injury sustained to his testicles.

In September, 1919, single testicle graft was made, the material being taken from same donor as previous case.

Two days afterward, patient had a slight erection. Gradually these erections became more frequent, and with greater libido, much to the patient's satisfaction. There was some sloughing in this case also, but considerable of the graft healed in. This patient experienced a better state of health and mind, and felt much benefited. He likewise stated that his eyesight was better. This was not substantiated by tests.

Case nine, age 48, had decreased sexual powers, languor and mental torpitude, since the age of 25, when he fell astride a wheel, injuring his testicles. He never married, and only had sexual desires when full of liquor. Then he had difficulty in

consummating the act. He was sent to prison for lewd and lascivious conduct with a minor girl. Examination and observation showed him to be fairly well developed, and very lazy, dull and inactive.

In July, 1919, a double graft, taken from a Japanese, age 38, was made. Within two days after the operation, the patient began to have erections,and now after ten months there is no diminution. In addition to this, he became alert, and more active, doing his work energetically, and with pleasure. He feels that his whole outlook on life, has changed for the better.

Number ten was operated on October, 1919, one testicle being embedded, and one engrafted. The donor was a Portuguese, age 40. The recipient, age 56, was kicked in scrotum, and for past twenty-five years had had no erections or sexual desires. Three days after the implant, he had his first sexual manifestation in that period. He continued to have erections, felt improved, and experienced renewed vigor. Recently the implant broke through the surface, and some of it came out, but the graft is intact, and only slightly diminished in size. But with this man there has recently been a diminution in his sexual desires. The effect is probably wearing off, although he feels very well otherwise.

Case eleven will be reported in full at another time.

On account of the scarcity of human material, it was determined to use the testicles taken from young rams.

Two old men were selected, who had been devoid of sexual activity for years. On January 21, 1920, these men were operated on with spinal anesthesia, and the whole ram's testicle (about the size of a turkey's egg) was placed in each scrotum.

In one case, F., pressure necrosis set in within a few days, and within a week the whole gland came away. Some connection by plastic material had been made to the graft as it clung to the scrotal tissues when being removed. This patient derived no benefit whatever from the implant. On April 27, 1920, a slice of ram's testicle was implanted in his abdominal wall.

The other case, P., retained the gland for three weeks but after this time, much of it sloughed out.

However, this man, age 75 years, had nightly erections and improved very much physically, following the operation. He had been sexually dormant for five years, up until this time. Officers of the prison who did not know that this man had been operated on, remarked about the change in his appearance and actions.

Believing that the sloughing occurred as a result of the large size of the implant, three cases were operated on March 11, 1920, using only half a ram's testicle. One of these was a sexual neuraesthenic, who felt improved after the operation, and had increased sexual vigor, but lately reported that he felt the work had done him no good.

The second case was a physician suffering from paralysis agitans. He had a good erection three nights after the operation, but his tremor seemed to have been increased. Three weeks afterward, he reported that he felt all right but could not tell just how much he had been helped.

The third case was a boy, age 20, who had a testicle removed following a hernia operation. He had increased sexual activity, and improved mentally. In all these three cases much of the implant sloughed after a week.

On April 3, 1920, two cases were operated on by placing only a slice of the ram's testes in the scrotum over the pampiniform plexus.

Of these cases, K., age 35, had had seminal vesiculectomy in 1918, since which time he has been impotent. Two days after the implant he had an erection, and has continued to have them almost daily.

Case W., a negro, age 45, had had sexual lassitude for two years. The second day after the implant he had erecton, and has had one daily since. One month after the operation the wound opened up, and most of the gland sloughed out.

Of the other two cases, in this series of four, the slice of testicle was placed in the abdominal wall. There has been no sloughing, and the patients have felt better. Although these men are older than the other two, being 59 and 66 respectively, they have had only a few erections.

On April 27, 1920, seven cases were treated with slices of ram's testicle in the abdominal wall. These were implanted twenty-four hours after removal from the ram. On April 29, 1920, three more were operated on, using the same material which had been frozen in vaseline for seventy-two hours. It is too short time to yet record the results in these cases.

But now after two weeks, all of them seem to have been benefited, and sexually stimulated, except one who has a pleural effusion and is quite ill.

On May 4, 1920, three men were implanted with slices of ram's testicle which had been frozen at 12° F., in vaseline for eight days. So far the effects seem to be as good as with the fresh.

In conclusion it may be said that the implanting of testicular material has a stimulating and invigorating effect upon the recipient sexually as well as mentally and physically.

The implant does not live but becomes necrotic. But in this process of necrosis certain unknown substances are probably released into the system.

The glands of rams seem to be as effective as the human.

These glands may be preserved for a week, and perhaps longer, by immersion in vaseline and freezing.

There seems less likelihood of the implant sloughing out, when placed in the abdomen, than in the scrotum.

With the abdominal implant the patient need be in bed for only one day.

Any means which will increase the physical well being of an individual, as this process does, will tend to increase longevity.

URETERO-PYELOGRAPHY AND CYSTOGRAPHY.*

THEIR PRESENT STATUS AND SAFETY AS DIAGNOSTIC AGENTS.

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Since, through the injection of shadow-casting material into the ureters, kidney pelvis and calyces it has become possible to obtain silhouettes of this portion of the urinary tract, the question naturally arises as to whether the results obtained from this procedure are of scientific value. And as we are also, through use of the same media enabled to obtain shadow pictures of bladder outlines, whether this is of any importance to us? If uretero-pyelography and cystography are of assistance to us in making a diagnosis and forecasting an outcome it is of moment whether the information obtained through these procedures has been acquired through peril to either the patient's life or even delay of his return to a normal condition.

To answer these questions with satisfaction to ourselves, determining how far merely scientific curiosity was carrying us, and whether our efforts worked for the patient's good or his harm, we have, besides scrutinizing our own work rather critically, had occasion to make a rather careful search of the literature.

Inquiring precisely as to the information presented to us by studying the silhouette of the distensible portion of the kidney we find that we are able to judge the size of the kidney pelvis, discover whether or not it is deformed, and also whether the major and minor calyces are of abnormal size or shape. Such information as to mere size of the hollow portions of the kidney is of small value for, as Hinman has pointed out,[1] mere distortion or deformity of the kidney means little and the important question must be viewed in terms of kidney functions.

Nor is it necessary to take pyelograms to determine the size of the pelvis of the kidney, for this may as easily be determined by measuring the quantity of water the pelvis will hold.

As to shape of the calyces we may learn, of course, whether the calyces are clubbed, and whether they are distorted by external pressure, thus indicating to us a resistance to emptying which easily might not be perceptible through resistance to the catheter. These are valuable diagnostic points and to be ascertained through no other means than pyelography.

Also through pyelography in the presence of a renal calculus we are enabled to at times determine upon the exact location of the calculus as we may not in any other manner.

So then we have demonstrated through a study of the pyelograms that certain highly valuable informative points are to be so obtained that may not be demonstrated in any other manner.

Considering, as if it were a separate matter, the shadow of the injected ureter, first, we may learn the angle at which the ureter leaves the reservoir it is intended to drain. This, through symptoms, we may have assumed, but in no other manner may we prove it.

Ureteral kinks, also, are to be demonstrated through study of the ureterograms, and not infrequently the acute kink and the double kink we so discover afford us such important information as we might have otherwise been compelled to grope for in the dark. The stricture of the ureter also, another one of the conditions we may not always depend upon our sense of touch to discover during ureteral catheterization, when demonstrated in the ureterograms stands out as incontrovertible evidence.

These special conditions, then beyond doubt it is to the patient's interest for us to demonstrate, and, as the evidence is available through no other method than that of uretero-pyelography we are not only justified but obligated to use this procedure provided it be proven harmless, whereas on the other hand, if there is any danger connected with it or if any damage may follow, we are equally obligated not to use it.

As to safety we can probably best form an intelligent opinion by a brief survey of the technique from the earliest time to the present. Brassch [2] gives what is probably a better account of the first steps than anyone else. The earliest media used was collargol, and since that time various preparations, such as argyrol, cargentos, and other silver emulsions have been used. These silver emulsions beyond doubt caused great damage and upon more than one occasion resulted in death of the patient. While there were yet no other media available we find many urologists of high standing, while regretting unfortunate results yet extenuating the method.[1 2 3 4 5]

As a matter of fact emulsions of any kind we know now are only to be condemned, though the first step toward safety was not made until Burns [6 7] brought to our attention Thorium in solution. It is of small moment, that even recently we find men of prominence defending the older methods with the excuse that if there is damage even in the face of good technique it was a surgical kidney anyway. What we require is methods that will not make even the worst kidneys suffer anything we may do, and this is disproven for silver emulsions.

Thorium was such a notable advance in technique that it appeared for a while, and to many even yet, that nothing better could be even hoped for. But is this true Thorium has, to be sure, the advantage of being a solution and not merely a suspension, but is a nonabsorbable solution. In our own work we have had many severe reactions following Thorium. These reactions have never been sufficiently alarming to cause apprehension as to a probable fatality to be sure, but they have caused patients undoubtedly to be temporarily worse. These reactions are accounted for by Weld as due to the age of the solution.[11]

We were ourselves searching for a new media when Cameron [8 9] proposed sodium iodide and

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sodium bromide. The iodides to our mind are the last word in safe satisfactory media. We have yet to note a reaction accompanied by a rise of temperature. There has been after distress, to be sure, but not greater than was to be accounted for a first ureteral catheterization. The iodides possess the further advantage of also being absorbable by the tissues, so that should the solution not drain off it is taken up by the cells and disposed of. The iodide solutions are, we believe, safe beyond any question whatever when employed with reasonable caution as distending media.

As to cystography, if we may for convenience consider first the matter of safety, the subject can be dismissed without discussion further than has been given to the ureter-pyelogram. We have then a viscus, which, though it will not stand unreasonable abuse, when treated with as much consideration as we would show the kidney, need give us no cause for apprehension as to damage.

We have then merely to question whether bladder silhouettes are of much worth to us. Until within the past year we find no record of the making of cystograms of all bladders presenting abnormalities. To Hinman[10] probably more than anyone else is due credit for calling attention in a particularly forceful manner to the advantage of routine cystography.

Through cystoscopy we may or may not demonstrate the openings of diverticula, according to the clarity of the bladder media in which we have to conduct our examination. But it is axiomatic that there is a diverticulum, and the pouch beyond may be shallow or it may be as large as the bladder itself,—the cystogram only presents the facts we require.

The contrast cystogram, also, we have found of the utmost importance, for if the pouch lie elsewhere than lateral to the bladder shadow of the picture will show nothing of it. By filling the bladder with opaque solution, however, then draining and distending with air, we secure proof not to be obtained by the simple cystogram.

In further proof of the value of the type of evidence discussed, we offer the uretero-pyelograms and cystograms about to be shown, and at the same time desire to acknowledge our indebtedness for the Roentgenographic work to Dr. A. C. Siefert whose earnest co-operation has lightened many of our burdens.

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THE PROBLEM OF THE HOSPITAL DIETITIAN.

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The position of dietitian in hospitals may be regarded as new enough still to be in process of standardization, both as to the training and capacity expected of the dietitian, and the scope of her duties. The evolution and separation of this position from those of chef, house-keeper, nurse, and physician is as yet neither complete nor definite. It has seemed worth while, therefore, at this time to publish the results of a brief survey of the status of this profession in certain California hospitals, and to suggest tentative standards for both the training and the duties involved.

1. *The Training of the Hospital Dietitian.*

The preparation expected of the dietitian should be distinct from that of anyone of the four types of hospital officers and employees listed above as contributing to the new profession.

The dietitian should understand the principles underlying the cooking of food, and should appreciate and to some extent duplicate the technique of the chef; she should have a grasp of the executive and purchasing function of the housekeeper or steward; she should know the ethics and the devices of personal care of patients usually possessed by the nurse; and she should have the scientific and responsible attitude and information of the physician in matters of metolism and digestion. But in none of these fields should she be expected to usurp functions now performed satisfactorily by the persons mentioned. She must work with all four of these officers, supplementing with scientific care and thoroughness in the choice and preparation of the patient's food their less specialized contributions in the same matter. Her training must therefore approximate more nearly the physician's than the nurse's.

The dietitian should be a university trained man or woman with at least five years of study beyond the high school. The course should include sufficient pure chemistry, physics, physiology and bacteriology to make the student familiar with the scientific method both in laboratory technique and in reasoning from data. Detailed study of food, urine, feces and blood analysis, practice in the control of feeding experiments by laboratory tests, experimental cooking, food economics, and the calculation of special diets, should form the major portion of the specialized work. This training is usually given in biochemistry and dietetics courses, and should be supplemented by a graduate year of practice in the hospital diet kitchen and laboratory and clinics under proper supervision. On successfully completing such a course the candidate might be given a graduate degree or title or diploma, which should be required of all persons desiring to enter the profession of dietitian.

2. *The Duties of the Hospital Dietitian.*

The distinction between the executive duties of the housekeeper or steward, and the scientific

advice, calculations and control offered by the dietitian should be definitely established. The employment and management of kitchen and dining room employees, the purchase, distribution, and care of food supplies, and the direct supervision of the main kitchen are duties calling for business and executive ability and experience rather than scientific training. Such tasks should be performed by a steward or housekeeper, with the oversight and advice of the dietitian particularly as to menus.

The instruction of student nurses in all matters pertaining to the use of food is distinctly in the province of the dietitian. The planning and preparation of special diets and milk formulas, together with the direction of the metabolism ward and nutrition clinics should form the chief function of the dietitian. She should in all cases of course consult with, and remain responsible to, the physician in charge, but her information and judgment should be such as to command this position of helpful co-operation. In short, the dietitian should represent a new highly specialized type of service to the sick, and should not be classed either as a "dietetical cook" or "trained housekeeper."

3. *The Status of the Hospital Dietitian.*

The dietitian who presents education and capacity of the type described above ordinarily has no difficulty in establishing her status satisfactorily. Unfortunately women of this kind are few in number at present among so-called dietitians, and are still laboring under the disadvantage of standing produced by the confusion of the housekeeper-steward duties with those properly referred to the dietitian. The standing of the latter and the salary corresponding, should be that of a profession much more exacting in requirements of training than the nurses, and only less rigorous than that of the physician. The dietitian should in no case be considered responsible to the superintendent of nurses, but directly so to the superintendent of the hospital and the medical staff.

4. *The Training Course Offered by the University of California.*

The division of Household Science of the Department of Home Economics, in co-operation with the University of California Medical School and Hospitals, offers a year course of graduate work, designed to furnish the practical as well as theoretical training for the profession of dietitian. Candidates who enter this course must hold the degree A. B. or S. B. with major in Household Science, or present evidence of equivalent training.

This course involves six months at least as practice dietitian in the hospital, the equivalent of six months of clinic and laboratory practice, and the active prosecution of a problem in metabolism, in clinic, or in some other related field.

Upon satisfactory completion of this problem, and of the prescribed credit-bearing courses to be included in the year curriculum, the degree of Master of Science, is awarded the candidate.

Curriculum. The twelve months of the dietitian's graduate year is divided into three parts. Students are admitted to the course June 1, September 1 and February 1, and rotate through the various services in accordance with the grouping established by these admissions. Seminar courses in nutrition and diet in disease held at the hospital thoughout the year by the department must be attended by these candidates.

1. The specialized practice period of four months is spent in the diet kitchen under the supervision of the chief dietitian. During this period practice and instruction in the following duties are provided:

(a) Planning and preparation of trays for private patients.
(b) Preparation of modified milk formulas.
(c) Marketing.
(d) Making out of menus and requisitions.
(e) Planning and preparation of special diets.
(f) Instruction in nutrition and cookery given to nurses.

2. During the second period of three months the student attends the children's and other clinics, and follows up such cases as seem amenable to dietetic treatment. This is carried out under the supervision of the physician in charge of the clinic.

The student spends a portion of this time, approximately one-half, in the laboratories carrying out analytical and statistical operations under the supervision of the physician in charge of the reseach and metabolism work of the hospital.

3. The individual problem period of five months during which the student continues specialized responsible work under the chief dietitian, but with change of assignment, and to a lessened degree, so that only one-fourth of her time is devoted to this duty.

A research problem, acceptable to the department and the hospital management, is selected by the student during the first part of her course. The necessary amount of time in the second and third periods is devoted to this problem and the results of the research embodied in a satisfactorily presented thesis for the master's degree.

5. *The dietitian in Los Angeles Hospitals.*

So far, facilities have been provided only for the first or diet kitchen period of this training by the University of California Hospital. It is possible to look forward however to the provision at some future time of the more difficult and desirable second and third period of the plans.

During the summer of 1918 the opportunity presented itself to make a survey of the work and status of the dietitians in seven of the larger hospitals in Los Angeles. This survey was undertaken at a time when interest in the training of dietitians for war service both at home and overseas was most noticeable. A larger number of practice or apprentice dietitians was in training in hospitals everywhere than at any previous time. As yet, however, no definite standard either for the training of the dietitian or for her duties had been established.

It seemed of interest, nevertheless, to discover what conditions existed in the larger institutions

in and about Los Angeles, in San Francisco, in state and county institutions, and in private sanitaria in the smaller cities and towns of the state.

The following statement applies to the Los Angeles hospitals in the summer of 1918. There have been changes in personnel since that time in these institutions, but no substantial change in policy.

1. *The Number of Dietitians.*

In every case only one dietitian was employed, there being no paid trained assistant. In four of the hospitals practice or student dietitians were in residence for varying lengths of time, from one to six months.

2. *The Training of the Dietitians.*

Out of seven dietitians visited only one was a university graduate. This one, however, was exceptionally qualified, being an M. D. in addition.

Five of the others were normal school graduates, and one was a graduate nurse with no special training in dietetics.

3. *Duties of the Dietitian.*

The duties of the dietitian vary so greatly in the different hospitals that it is difficult to make any coherent summary of them. They may be classified roughly, however, as follows:

(a) *Buying and checking of food supplies.* Four out of the seven performed this duty, in the other three cases this was done by the steward, housekeeper or purchasing agent.

(b) *Managing and hiring of kitchen and dining-room employees.* Three of the seven included this among the dietitian's duties.

(c) *Making out of the special diets.* Every one of the dietitians visited claimed this as part of her work, but from actual observation it was plain that the supervision of the cooking of the food for these diets by the nurses constituted the dietitian's only responsibility with regard to them. The physicians found it necessary to make out specific directions for such diets in every institution, except one.

The milk formulas were in some cases put up by the nurses under the supervision of the dietitian, in others under the direction of a graduate nurse in the wards.

(d) *Making out of menus* for the hospital tables, and general diets. In six of the hospitals the dietitian co-operating with the chef made out these menus, in one the housekeeper and chef performed this duty.

(e) *Inspection of trays.* This is one duty which all the dietitians performed. In some of the smaller hospitals all the trays are sent up from the main kitchen, the dietitian thus having immediate supervision of all the trays. In the larger institutions where the trays are prepared in the various ward-kitchens such supervision is lacking.

(f) *Assistance in metabolism experiments.* Only one of the dietitians visited was sufficiently well trained to assist in such work, and none of them had the opportunity.

(g) *Teaching the student nurses cooking and dietetics.* Four out of seven of the dietitians teach cookery and dietetics to the student nurses. In three of the hospitals arrangements had been made with other agencies, such as the Y. W. C. A., or high schools, for such teaching outside the hospital.

4. *Salaries.*

The salaries ranged from $55 to $125 per month. The one dietitian receiving the latter salary acted as housekeeper as well, having charge of the main kitchen as well as the diet kitchens. Her traning was not the best, but her practical executive ability, perseverance and endurance, combined to make her work perhaps the most successful of any of the seven. Part of this success is probably due to the fact that she had only a small institution to serve, some 80 beds.

Specifically, the salaries were:

$55	1	$ 85	1
60	2	100	1
75	1	125	1

In all cases room, board and laundry were given in addition.

5. *Hours.*

Nominally, the working day was 8 hours, but actually since the dietitian was responsible for the getting out of the three daily meals, she had to be more or less on duty from 6 a. m. to 6 p. m. Of course, between the dinner and supper tray supervision there were usually two or three hours during which the dietitian might be off duty.

Ordinarily the dietitian has one day to herself each week, or an afternoon each week and a day every other week. She is allowed the regulation two weeks' vacation in the summer.

6. *Status.*

In general, the dietitian seemed to be regarded as on independent and equal footing with the superintendent of nurses. However, in two of the hospitals the dietitian was definitely under the authority of the superintendent of nurses, and in one other, the dietitian, although declaring herself independent, had to ask the permission of the superintendent of nurses for the proposed visit to the diet kitchen.

Conclusions.

Two general statements might be made as a result of this incomplete study of the dietetics departments in representative Los Angeles hospitals:

1. The dietitians employed are inadequately trained.

2. The duties assigned them are more those of executive housekeeper than scientific dietitian.

The second of these statements may well be assumed to follow as a consequence of the first.

It is to be hoped that with the gradual appearance of dietitians capable of the specialized scientific service with regard to diet, which is described in this paper, and which forms the basis of training in the University of California and in a number of eastern institutions, that the larger hospitals at least will avail themselves of the opportunity presented.

The registration or licensing of dietitians by the State Board of Health is urged as the first definite step toward the standardization of the profession.

DR. H. A. L. RYFKOGEL, RETIRING PRESIDENT OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Dr. H. A. L. Ryfkogel; born in Nova Scotia, August 11, 1873; graduated from the medical department of the University of California 1894; demonstrator of anatomy medical department of the University of California 1894 to 1896; instructor in clinical pathology M. D. U. C. 1896 to 1904; instructor in bacteriology 1904 to 1906; M. D. U. C. member of the Oakland Board of Health 1896 to 1899; bacteriologist to the State Board of Health 1907 to 1909; professor of surgery San Francisco Polyclinic Post Graduate School 1904 to present date; surgeon San Francisco Hospital 1904 to present date; president of the San Francisco Polyclinic Post Graduate School 1919; lecturer in surgery Stanford University Medical School 1918 to present date; member of the council of State Medical Society 1908 to date. Fellow of the American College of Surgery 1914.

Minutes of the House of Delegates

THE FORTY-NINTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

FIRST SESSION

Held at The Ambassador, Santa Barbara, Tuesday Evening, May 11, 1920, 8:30 O'Clock.

ROLL CALL

The roll being called, eighty-four (84) Delegates were found to be present. The President. H. A. L. Ryfkogel, in the chair, declared that a quorum of Delegates was ready for business.

REPORT OF THE PRESIDENT

The President then made the following report:

To the Members of the Medical Society of the State of California:

During the past year the activities of the Society and its membership have been greatly enlarged. The reports of your various officers will give you in detail what has been accomplished.

As Dr. Kenyon has told you in the report just read, the Council has met many times and has devoted much thought to the Society's interest.

I wish to thank the executive officers and the staff for their unswerving interest, loyalty and efficiency.

The Editor of the Journal, Dr. Reed, has developed the Journal until it is undoubtedly the best state medical journal in America and the Society rests under deep obligation to him for his unceasing efforts.

Your attorney, Mr. Hartley F. Peart, has not only evolved the best system of malpractice defense possessed by any medical organization but has also given our profession an exceptional friendship that comes from a thorough understanding and devotion to the highest ideals of medicine.

I wish also to express my gratitude to the Society for giving me the opportunity to serve them during the past year and to thank them for their hearty co-operation in all the work of the organization.

APPOINTMENT OF THE REFERENCE COMMITTEE BY THE PRESIDENT

The President then appointed the following Reference Committee: Jas. H. Parkinson, Chairman, Sacramento; Fitch C. E. Mattison, Pasadena; Morton R. Gibbons, San Francisco, and Hartley F. Peart, San Francisco, General Counsel, ex-officio.

REPORT OF THE COUNCIL

The President then called upon the Chairman, C. G. Kenyon, who read the following report of the Council:

To the President and the Members of the House of Delegates:

As Chairman of the Council, I wish to present the following report:

During the year 1919-1920 the Council has met upon seven occasions. The majority of these meetings were called to consider the subject of the Industrial Accident Insurance. The committee which had this work in charge has labored most strenuously and done more actual work than any one not familiar with the situation could realize. The Council has summed up the work of this committee, and this matter will be presented to you in proper form later on. It must be stated, however, that the fee schedule problem is one having many angles and very difficult to solve. The results of our deliberations can only be termed a compromise report. It is a step in the right direction and we can only make one step at a time. An effort of this sort will bring good results and more good to the profession at large than any sporadic and ill-considered action on the part of isolated units in the Medical Society. We therefore ask you to have patience and promise that the Council, if authorized, will continue its activity on behalf of the practising profession.

During the past year the Council has also developed a campaign for new members, and our agent, Mrs. Berry, has been through the State canvassing the field of non-members and making a survey of the medical situation. She has been able to report 221 applications for membership. At the present writing it is impossible to say how many of these have been accepted, but we do know that so far we have increased our total number by 191 members. In her work Mrs. Berry

interviewed 550 physicians, and they represent the outsiders. From them she gained many points of view which may be useful to us in governing our Society in the future.

The legal defense continues to be a very important part of the Society's work, and we have been universally successful in protecting our members from suits for alleged malpractice. The work in this department is demonstrated to be of the highest order and the protection which we give our members is superior to any that they may possibly obtain. In addition to perfect legal protection, we have 675 members in the Indemnity Defense Fund, and I wish again to call your attention to the value of joining this inter-indemnifying association. We should have 2000 contributors to this Fund. The assessment is $30 and this is not annual. The $30 paid by the charter members has given them protection for three and a half years. Assessments made in the future will probably be much less than this amount, and it is estimated that the Fund can be run upon a basis of less than $10 per year. No suit against any member covered by the Fund has been lost, and the interest on the money in the banks has been sufficient to cover all expenses against this account.

The Journal continues to pay for itself through its advertisers, and it is the largest Journal we have ever printed, containing more scientific material and more pages than any other State Journal. Its standard of excellence speaks well for the editor and the contributors. It must not be forgotten that the old California State Journal of Medicine is conspicuous for **ethical** advertising. Through its past editor, Dr. Philip Mills Jones, it was the pioneer in this work, and we hope to keep the standards at the high mark set by Dr. Jones.

The Roster of Members for this year has been compiled and has been sent to each with the May issue of the Journal. The work has been made very difficult because of the many new members who have come in, and the many changes of address. Nevertheless, it is complete to April 1st. You will notice that it contains only members of the Society, giving their name and address. No attempt is made to give full information on the subject of any man, nor have we scheduled non-members. A complete list of this sort is printed by the State Board of Medical Examiners, and there is no necessity for duplication of these data. It is intended solely for reference and information concerning the address and to let you know who are your fellows in the Society.

The office of the State Medical Society continues to run in a harmonious efficient way, keeping its records and accounts in the most approved manner.

The finances of the Society are in excellent condition, as you will learn from the report of the Auditing Committee. In spite of the ascending scale of prices and the fact that we voluntarily increased the salaries in our office, and that the cost of printing has gone up more than 25 per cent., we are still able to run the Society successfully without increasing our annual dues.

It would seem from this report that the State Medical Society has increased in size, that we are on a firm financial basis, that its publication is a success and a credit to the organization, and that we are making progress and solving the many problems which confront the profession and its relation to the world in general. Your Council tries to represent you in all matters and to carry out the wish of the profession at large. It welcomes at all times communications from you presenting matters of interest and complaints. It will in the future attempt to maintain the good record which it has made in the past.

REPORT OF THE EDITOR

The President then called upon the editor of the California State Journal of Medicine. Dr. Alfred C. Reed made the following report:

The last twelve issues of the Journal speak more eloquently than words of the successes and failures of the year. A constant effort has been made to keep in close touch with all units of the State Medical Society; to maintain a satisfactory standard of practical papers, and to reflect the desires and policies of the Council. Particular attention has been given to social, economic and public questions as they affect the physician. While it has been considered that a high standard of original articles should be maintained, yet our policy has been to avoid the dangers both of ultra-technical and too narrowly specialized papers, as well as text-book quotations and commonplace descriptions.

Again this year as last year, the Journal reflects too much an indifference on the part of the members of the Society as to its contents and policies. The correspondence column is always open and should be used much more than it is. The new Immunity Department affords opportunity for any member to rid himself of a private or public grouch; to say what he really thinks; and to attack evils anywhere, under the mantle of no signature. The only requirement is that communications be not libelous, and that their writer's name be known to the Editor.

The Clinical Department of the Journal ought to afford much profit to its readers. This department was originally intended to be filled with short, concise case reports from doctors outside the large cities. The single response, however, was received from a doctor not a member of the State Society. The plan was therefore changed, and each month this department contains a complete case report from the Children's Service of the University Hospital, San Francisco. The wide attention attracted by the Hospital Service Department shows the interest it has aroused and the practical value of the information and suggestions in it. Once more your attention is invited to the Department of Pharmacy and Chemistry, ably conducted by Dr. Felix Lengfeld—a department always repaying your time and study.

Increasing paper and printing costs, and the danger of an actual shortage of paper at any price, has precluded the development in size of the Journal, which had been anticipated before this. It is strongly hoped that at an early date the size of the Journal may be doubled. It is believed such a growth would materially aid in developing the State Society. It is, moreover, evident that there is an abundance of scientific papers available in the State to fill a Journal of such capacity. It is even hoped that the California State Journal of Medicine may eventuate ultimately in a great Pacific Coast Journal, representing the entire coast and Pacific islands.

Beginning with the present annual session the Council has authorized the editor to accept for publication in the Journal only such papers from the State meeting as meet certain fairly definite requirements of length, interest, and original material. As heretofore, all papers read before the State Society and its sections become the property of the Journal. Of these, the ones not deemed suitable for Journal publication will be returned to the writers promptly, so that they may appear in more technical or specialized journals. At the urgent solicitation of the editor, the Program Committee, as you are advised, has ruled for strict enforcement of the rule requiring a copy of each paper to be in the hands of the chairman or secretary of the section, **before** the paper is presented.

Finally, your co-operation is urgently solicited in building up the Journal. If you do not like it,

tell us why. If you do like it, say so. Send in letters for Correspondence and Immunity columns. Let us know the medical problems of your district. It is your Journal. Assert your proprietorship.

REPORT OF THE AUDITING COMMITTEE

The President then called upon René Bine, Chairman of the Auditing Committee. Dr. Bine stated in substance the audit of the public accountants.

REPORT OF THE SECRETARY

The President then called upon the Secretary, Saxton Pope, who made the following report:

It is customary every year for the Secretary to make a report concerning the membership and the finances of the Society, as well as the general running of the State office. These matters have been covered before in the reports from the various officers of the Society.

Through our efforts to gain new members last year we have increased our membership to 2879. This work goes on and it shall be continued during the coming year until we shall undoubtedly exceed the total number of 3000 physicians in the State. In conjunction with the increase in membership, our representative, Mrs. Berry, is seeking subscribers to the Indemnity Defense Fund. There is no reason why this Fund should not contain the majority of the physicians in the State Society. It is undoubtedly the most economic and most efficient method of obtaining protection against unjustified malpractice suits. For those who do not understand the object of this Fund. I must again state that all members are defended in cases of alleged malpractice, but as a member of this Fund if we lose the case you are reimbursed for this loss up to $5000.

While the finances of the Society are in excellent condition, we must still practice rigid economy and careful supervision to meet the increased financial demands of the times. Our members have paid their dues more promptly than usual this year, and we feel correspondingly grateful to them.

The State Society office has been conducted in an efficient and harmonious way during the last twelve months, and it again offers you the hospitality and its service whenever you come to San Francisco.

UNFINISHED BUSINESS

Adoption of the Report of the Committee on Industrial Accident Work

The President then called upon Jas. H. Parkinson, Chairman of the Committee appointed by the Council, for a final report of the work which had been accomplished by said Committee on Industrial Accident work. The report is as follows:

In presenting its report, the Committee felt that it was best to include a brief summary of the steps leading up to the present situation. This has been done, for the purpose of completing the record and particularly for correcting it by setting forth clearly and definitely the specific action of the Society.

At the Santa Barbara meeting in 1919, a Committee on Industrial Accident Insurance, appointed December 19, 1918, by the Publicity Bureau under instructions of the Council at its meeting of July 27, 1918, "to investigate the status and working of the Industrial Accident Compensation law from the standpoint of the patient and of the doctor and to suggest possible remedies by which a more perfect system of compensation procedure could be effected," presented the following report:

1. It seems apparent that no fee schedule was ever presented by this Society. Experience has demonstrated that the absence of an equitable scale of fees and its acceptance by the Industrial Accident Commission has not been productive of the best results. In the absence of such agreement and the financial basis therefor, it is impossible for the Society to offer guaranteed service or ensure against breach of contract by either party. This is evidenced by defective service, fee cutting, fee splitting and open and secret rebating, all of which, in the last analysis, obviously react upon the only person for whom the machinery was originally created, the injured working man.

2. Much that is unnecessary; reduplication, complication and confusion, is involved in the present paper work, all tending to manifest inefficiency. The Committee feels that this should be greatly simplified, that all records should be standardized, and that the principle of one record and one entry, once, should be carried out.

3. The basic factor upon which everything in the Medical Department of the Industrial Accident work is based is the clinical record. The Committee feels that this especially should be simplified and standardized, and that its revision and conservation should be in the hands of medical men. This will tend to eliminate error, insure its early detection, greatly improve medical and surgical work, making diagnosis easier and surgical procedure more definite.

4. The Committee hesitates, yet feels it its duty to make the perfectly obvious recommendation that the examination of doubtful, difficult and complicate cases should be by a Board of Examiners instead of examiners acting as individuals, whose findings must subsequently be collated, possibly through non-medical channels. This involves neither added expense nor change of personnel. It only substitutes definite conclusions for possible indecision and efficiency for inefficiency.

5. The Committee believes that the improvement in medical and surgical service which everyone recognizes as so desirable, can be accomplished on the basis of the foregoing propositions.

6. It recommends that the whole question be referred to the Council for immediate action, with the following specific instructions:

(a) That propositions 1, 2, 3 and 4 be given force and effect.

(b) That in connection with proposition 1, an equitable fee schedule be devised whereby medical and surgical fees will be considered and placed upon the same basis as higher wages and higher premiums due to increased cost of living and increased cost of everything. That the question of a flat fee or of an itemized bill, but, in any case, a greatly simplified bill, be taken up and that the manifest abuse of service at Industrial Accident Rates to high salaried officials and wealthy captains of industry be definitely settled for the benefit of all concerned.

(c) That steps be taken to present the findings of the Council to the Industrial Accident Commission in such shape as to insure a favorable reception.

(Signed) EMMETT RIXFORD, Chairman.
W. W. BECKETT,
O. O. WITHERBEE,
JAMES H. PARKINSON,
SOL HYMAN, Being Absent.

The report was accepted by the Society, and after some discussion was referred to the Council, "without recommendation," the object as stated by the mover of the amendment being to leave the Council free to take whatever action it deemed best for the interests of the profession.

At a meeting of the Council held April 17th, the chairman was instructed to appoint a committee of three to make the recommendations of the for-

mer Committee effective, and he later announced its personnel as follows: James H. Parkinson, John H. Graves, Gayle G. Moseley.

On June 19th, 1919, the Committee met at the office of the Society. In addition to the members, there were present Drs. Kenyon, Ryfkogel and Hyman and Messrs. Peart and Sullivan.

The whole question of medical and professional remuneration was discussed at considerable length. In order to get at a working basis, Dr. Graves was appointed to prepare and submit a revised fee schedule; in which the flat fee feature would be represented. Drs. Moseley and Hyman, were instructed to prepare simplified report blanks with a view of standardizing same.

On Sept. 23, 1919, a meeting was held at the office of the Society, the full Committee being present. The proposed fee schedule representing a 50% increase, was submitted and revised. The standard report blanks were also submitted and ordered printed.

On Oct. 15, 1919, the Committee through failure on the part of the Industrial Accident Commission to reply to a communication requesting an appointment was only able to hold an informal conference with two of its members at 10:00 A. M. At this meeting the views of the Society were set forth at some length.

On the afternoon of that day the Committee had a conference with representatives of the various companies carrying compensation insurance. The proposed fee schedule was submitted and the question of a flat fee for certain types of surgical cases, debated at length. The proposed standardized blanks were also submitted. That evening a meeting of the committee was held at the office of the Society, at which all members were present, and in addition Drs. Pope, Gibbons, Stoddard, O'Connor and Ryfkogel and Mr. Peart, the attorney, representatives of the carriers, were also present. As all interests concerned were represented, the discussion took a wide range, points of friction and disagreement being especially considered.

Oct. 18, 1919, the Council met, in Los Angeles, Drs. Graves and Parkinson of the Committee being present. A report of the work of the Committee to date was made, which was ordered placed on file and the work of the Committee continued.

Oct. 29, 1919, the Committee met in conference with the Industrial Accident Commission at 10:00 A. M. The Commission expressed itself as favorable to a flat increase of 25%, but it desired to confer with the carriers before reaching a final decision. The Commission decided to discuss the proposed flat fee and the revised blanks at a future meeting.

That evening at 8:00 P. M. the Committee had a conference with the insurance carriers in the rooms of the Board, seven companies being represented. Drs. Gibbons, Stoddard, Ryfkogel and Rixford were also present. An attempt had been made to estimate the increased cost of the flat fee schedule as submitted by the Committee, and this had been placed at 35% to 55%. It was definitely stated by the carriers that any increase in medical fees, was contingent upon the consent of the State Insurance Commissioner to an increase in rates. The question of rebating and of cutting fees was gone into at length, as well as that of brokerage in medical services. In view of the fact that no estimate of the probable increase in rates that would be necessary could be made without an extended research covering several months, it was suggested a flat increase of 25% be agreed to. It was suggested by the insurance carriers, that a standing committee from the Casualty Underwriters Board, and one from the Council of the State Medical Society be appointed, to consider all medical questions in which the doctors and the insurance carriers were mutually interested. It was felt that such a Committee would be a great benefit to both the insurance carriers and the doctors by bringing them in closer touch and promoting a better understanding and pleasanter relations than had heretofore existed.

At a special meeting held at the office of the Society, Nov. 8, 1919, the 25% increase was submitted, also copies of the proposed blanks. In order to clarify the records, the following preambles and resolutions were adopted:

"Resolved: That whereas although no fee schedule for the rendering of professional services under the Workmen's Compensation Act had ever been adopted and agreed upon by this Society, and

Whereas, The Council feels that the Fee Schedule adopted about 1913, and ever since used by the Industrial Accident Commission and the State Compensation Fund and certain insurance carriers was not adequate in its inception, and not based upon sound economic principles, and has never afforded proper, fair and reasonable compensation to the physicians and surgeons performing such work under said Act, and has never been adhered to, by reason of such inadequacy and unfairness to the physician and surgeon, even by said Industrial Accident Commission and State Fund and Insurance carriers, and

Whereas, the Council and a committee appointed by it are now investigating facts relating to the operation of said Compensation Act in its effect upon the worker, his dependents, the public and the profession; now therefore be it

Resolved, That in the investigation of said matter the Council believes that compensation for medical and surgical services rests fundamentally on the earning capacity of the employee.

Further discussion of the work of the Committee was then had. On the motion of Dr. Ewer, duly seconded, it was

"Resolved, That for the furtherance of the medical and surgical treatment to the injured worker under the Compensation Act, the said Committee proceed with its undertaking of framing and designing satisfactory report blanks for use of physicians and surgeons under said Act, and that the said report blanks bear the name of the Society and, if possible, the same be copyrighted and registered by the Society."

Three members of the Council being absent it was decided to submit the 25% increase to all the members by mail ballot.

A special meeting of the Council was held at the office of the Society, Dec. 6, 1919. The following statement regarding the proposed flat fee as requested by the Industrial Accident Commission was adopted by the Council and ordered forwarded to the Commission:

"The Medical Society of the State of California urges the adoption of the principle of the flat fee for industrial accidents for the following reasons:

1. It follows the custom and general usage of the profession in similar cases.

2. It greatly simplifies recording, bookkeeping and bill making, and lessens clerical work, postage and correspondence.

3. It offers a positive saving in expense to the carrier by fixing a definite fee, eliminating financial uncertainty, and the possibility of over attendance and a padded bill.

4. It fixes as notice to the profession, a time limit in which the ordinary cases should be restored to function.

5. It provides for the extraordinary cases, at the usual rates, which when totaled with the flat fee, it is believed will invariably demonstrate a saving.

6. It places a certain responsibility upon the profession to furnish a result according to contract, and permits the necessary latitude in attendance, which the rendering of a bill, subject to criticism tends to inhibit."

The standard report blanks were submitted by

the Committee, which stated a meeting had been held with Dr. Gibbons of the Commission, Dr. Newman of the Fund and two members of the Committee. The Commission however desired to make so many additions, that a simplified blank could not be maintained. It therefore recommended the blanks be adopted as submitted. They were then adopted by the Council, the Committee being authorized to make any minor changes in them that may be necessary.

In the matter of a communication to the carriers as a basis of agreement for a concert of action, the Committee submitted the following:

"1. The Medical Society of the State of California, in the matter of fees, for industrial accident cases, agrees to a compromise of a flat increase of 25%, and the temporary abandonment of the flat fee.

2. In accordance with the foregoing, the Society agrees to join with the carriers in an application to the Insurance Commissioner for an increase in the premium rates, sufficient only, to cover that part of the medical expense relating to fees.

The Carriers on Their Part Agree

3. In all cases to pay for medical services, in accordance with the schedule adopted, and neither to seek, nor to accept rebates from same.

4. To employ as far as possible and when available members of the Society, so as to insure the injured man the best possible treatment.

5. To appoint a Committee to consider the flat fee schedule.

6. To appoint and maintain a Committee to confer with representatives of the Society, and with power to adjust matters in dispute between the carriers and the profession."

After considerable discussion as to the ultimate results or legal aspects of such an agreement the attorney was directed to incorporate same in the form of preambles and resolutions and that these be submitted to each councillor for his approval. The following are the resolutions:

"Whereas it appears to the Council of the Medical Society of the State of California, and the Council finds:

That the Compulsory Workmen's Compensation Insurance and Safety Act went into effect in this State about the year 1913, which Act authorized employers and insurance carriers and the State Compensation Fund as a carrier (said Fund being hereinafter included in the term "carriers") to employ physicians and surgeons to attend upon and serve injured employees, practically eliminating any choice thereof on the part of the employee;

That about the said year 1913, the Industrial Accident Commission adopted, and it, together with employers and insurance carriers has ever since promulgated and used a Fee Schedule for physicians and surgeons performing medical and surgical services to their employees under said Act;

That the said Fee Schedule was not at the time of its adoption, and never since has been, and is not now based upon sound economic principles; and was, and at all times has been and now is inadequate and unfair to the physician and surgeon, and has never afforded proper, fair or reasonable compensation to the physician and surgeon, and by reason of such inadequacy and unfairness has never been adhered to, but, on the contrary, repeatedly departed from both by employers and carriers, and at the present time said Fee Schedule is grossly inadequate;

That said Fee Schedule so adopted by said Industrial Accident Commission and used by it and employers and insurance carriers has never been adopted nor agreed to by this Society or the members thereof;

That this Society has information to the effect that rebates have been negotiated between certain employers and carriers on the one hand and physicians and surgeons on the other which inevitably results in improper and inadequate medical and surgical services to the employee and is hereby condemned;

That while the Council of this Society has heretofore by resolution announced its belief that fundamentally all compensation for medical and surgical services rests upon the earning power of the employee, no basic and thorough investigation of facts relating to the operation of said Act, or medical and surgical services thereunder, or compensation therefor has ever been made;

Now, therefore, be it

Resolved: That the Medical Society of the State of California, through the Council thereof, does hereby adopt the following Fee Schedule for medical and surgical services to be rendered and performed under said Act, pending further investigation of the entire matter;

FEE SCHEDULE FOR PHYSICIANS AND SURGEONS

Presented by the Committee of the Council of the Medical Society of the State of California for the treatment of Industrial Accident cases covered by the Workmen's Compensation Law. Note A. These fees represent a minimum! Fees higher than schedule will be allowed when warranted by unusual difficulties or requiring an unusual amount of time. Note B. Unusual cases and procedures not specified will entitle the surgeon to a fee the same as that for specified procedures of approximately equal magnitude. Note C. Bills must be itemized, showing date of each visit, dressing or operation and the charge for the same. Charges higher than minimum must be itemized and amply justified by clear explanation. Note D. The schedule here presented is designed for use in connection with medical services rendered an individual with an average earning capacity of $1,250 per annum. To this class belongs the average individual which the Workmen's Compensation, Insurance and Safety Act is intended to cure and relieve. Note E. The restoration of function is considered more important than appearance. It is the duty of the surgeon to restore function. Note F. X-ray examination is exacted in all cases of bone injury and doubtful bone injury. Note G. A special physical examination and report on a special blank, furnished for that purpose will be made when requested by employer, insurance carrier or Industrial Accident Commission. The surgeon should state in his first report of accident whether or not in his judgment a special examination is advisable. It is suggested that a special examination may be required in selected cases as follows: 1. Persons over 60 years of age; 2. The infirm or those of poor physique; 3. Injuries to head or thorax or abdomen; 4. Serious injuries of any kind; 5. Injuries which may involve nerves. Immediate examination for nerve integrity in parts beyond site of fracture, dislocation or other injury is necessary in order to detect such complication at earliest possible time. N. B.—Approximately 50 per cent. of all injuries involve the fingers only. Such cases will probably not require general physical examination. The surgeon will make a recommendation for a special examination when necessary in regard to these and other uncomplicated injuries. For this special examination a fee of $5 will be allowed. First visit, including report and first examination, in injury not provided for below $2.50; or, including report and special examination as provided in Note G, $5.00. Surgical dressings (materials) specify costs—Mileage beyond city limits, 75c day, $1.00 night, one way per mile. Assisting at operation—major, $12.50; minor, $6; consultation, $5; administering general anesthetic, $5 to $10; testimony before Commission, $12.50. Fractures: Reduction and first dressings—Operations: Nasal

bones, $12.50; metacarpal or metatarsal bone, $7.50; phalanx, $5; carpal or tarsal bone, $7.50. (For operative procedures special fees.) Forearm —leg, 1 bone, $12.50; 2 bones, $30; subsequent visits hospital or home, $1.75; office, $1.25; femur or humerus, $40; clavicle or scapula, $20; patella, $20; mandible or maxilla, $20; pelvis, $25; ribs, $6. For compound or comminuted fractures or fractures involving joints, add fifty per cent, to this list to find minimum fee. For bone plating or bone splinting or inlay (when authorized) three times fee for simple fracture. Dislocations: Fees according to magnitude and time consumed. Subsequent visits, hospital or home, $1.75; office, $1.25. Sprains: Fees according to magnitude and time consumed. Subsequent visits, hospital or home, $1.75; office, $1.25. Amputations: Finger or toe, $7.50; two fingers or toes, $12; hand, wrist, forearm or arm, $30; shoulder disarticulation, $50; subsequent visits, hospital or home, $1.75; office, $1.25; foot, ankle or leg, $30; knee or thigh, $75; hip disarticulation, $100. Special operations and procedures: Trephining or resection of skull, $60; laminectomy, $100; hernia, radical operation, $40; hernia—by taxis, hernia—by reduction and applying truss, according to difficulty and to time consumed; paracentesis, thoracis, $10; paracentesis, pericardii, $25; tendoplasty (depending on magnitude of operation, number and depth of tendons, whether recent or old and on tissues lost); subsequent visits, hospital or home, $1.75; office, $1.25; burns, involving 1 hour attendance, $25; cataract operation, $50; detention, per hour, with patient, $6; giant magnet use (in accordance with difficulty and time consumed); laparotomy (in accordance with difficulty and time consumed); semilunar cartilage removal, $50; catheterization of urethra, $5. Eye operations: Removal of foreign body from conjunctiva (one or more), $3. Subsequent visits, hospital or home, $1.75; office, $1.25; removal of foreign body from cornea, $5; enucleation of the eye, $40. Minor operations: (Fees according to magnitude and time consumed.)

And be it further

Resolved, That all employers and insurance carriers who adopt and comply with the terms of said Fee Schedule and who do not directly or indirectly accept or receive rebates therefrom from physicians and surgeons, be authorized by the Standing Committee on Compensation Insurance hereinafter named to use the report blanks for physicians and surgeons in the performance of medical and surgical services under said Act heretofore prepared, compiled, and this day adopted by this Society.

That said Standing Committee on Compensation Insurance be, and is hereby authorized and empowered to present all facts relating to the entire matter to the Industrial Accident Commission, the State Compensation Fund and the Insurance Department to carry this resolution into effect including any change in the present premium rates for such insurance that may be necessitated thereby.

And that said Standing Committee is hereby further authorized and empowered to settle and adjust all disputed matters in reference hereto between employers and carriers adopting said Fee Schedule and the profession.

That said Standing Committee before authorizing the use of said Report Blanks by any employer or carrier shall require from such employer or carrier a written statement duly executed by the principal or a duly authorized officer thereof setting forth the desire of such employer or carrier to conform to said Fee Schedule and his or its disapproval of any character of rebate therefrom, and in the event of any breach of such representations said Standing Committee is authorized to revoke the right of such employer or carrier to use such Report Blanks and to give notice to the profession through the California State Journal of Medicine or otherwise as the Committee shall determine.

That said Standing Committee on Compensation Insurance continue its investigation of the entire matter with particular reference to the advisability of the ultimate adoption of a flat Fee Schedule for such work."

A regular meeting of the Council was held at the office of the Society, Jan. 24, 1920. The resolutions relating to compensation insurance submitted to individual councillors and approved were formerly adopted by the Council. The following communication from the Industrial Accident Commission relative to the flat fee was received.

"After full consideration and discussion, this Commission came to the conclusion that it would not be in the interest of injured men to have adopted any system of payment for medical treatment in lump sum, and the Commission prefers to adhere to the principle that surgeons rendering service in industrial injuries should be paid the reasonable value of services actually and necessarily rendered in each particular case.

The Commission regrets that it cannot meet the views of your Committee in this particular, as it would undoubtedly be a convenience to be able to charge lump sums for services rendered, but, to our minds, the interests of the injured workman are paramount."

On April 16, 1920, the Committee met at the office of Dr. Graves. The draft report was discussed at length. It was decided to submit conclusions rather than recommendations.

At a regular meeting of the Council held at the office of the Society, April 17, 1920, the Committee reported the present status as follows: There had been a great deal of delay in action by the Commission and by the carriers. There had also been further delay in an official authorization of increased rates and no formal conference had been held.

The following telegrams were submitted as bringing the subject up to date:

"San Francisco, Cal., March 3, 1920.

National Council on Workmen's Compensation Insurance, 128 Williams St., New York.

California Physicians growing insistent on immediate increase of medical fees, at least 25% see our letter December fifth. Please advise definitely as possible when manual will be promulgated and what provisions will be made for this increased medical.

CALIFORNIA INSPECTION RATING BUREAU.

New York, N. Y., March 4, 1920.

W. A. Chowen, Mgr.

California Inspection Rating Bureau, Insurance Exchange Bldg., San Francisco.

General Rating Committee Council meets next Tuesday to begin continuous session. Practically impossible to predict when Committee will complete its work. Can only say that California rates will receive earliest possible attention.

NATIONAL COUNCIL ON WORKMEN'S COMP. INS.

San Francisco, March 30, 1920.

National Council on Workmen's Compensation Insurance, 128 Williams St., New York.

Annual meeting California State Medical Association in May. Its Committee on medical fees must report at that time and has waited so long for insurance companies answer to request that fee schedule be increased 25% as agreed by Industrial Accident Commission that their patience is exhausted. It is necessary at this time that we give doctors an assurance. Please tell us whether rates in forthcoming Manual will provide for 25% increase over present medical fees.

CALIFORNIA INSPECTION RATING BUREAU.

New York, March 31, 1920.

W. A. Chowen, Mgr.
California Inspection Rating Bureau, Insurance Exchange Bldg., San Francisco, Cal.

New Rates will provide necessary allowance for increased medical cost. Insurance Department should be prepared to approve appropriate rate increase for this additional cost at the proper time.

H. E. RYAN."

Dr. Moseley of the Committee, said the State Insurance Commissioner had practically agreed to the increase in rates and that the insurance carriers were prepared to put the 25% increase in effect. It was stated the Industrial Accident Commission had also decided to adopt the 25% increase. As the Annual Meeting of the Society was close at hand the Committee did not desire the Council to take action that would bind the Society by formally accepting the 25% rate. The Committee stated it would present its completed report to the Council at Santa Barbara.

The fee schedule prepared by the Committee and adopted by the Commission and by the Insurnce Carriers with the standard report blanks are herewith submitted as representing the work of the Committee.

The Committee, having outlined the preliminaries neessary to arrive at this result, prefers to submit conclusions rather than recommendations.

1. It is evident the prolonged delay in the formal adoption of the proposed increase and the fact that it was not in effect on April 17th, practically three weeks prior to the annual meeting, would not justify its adoption by the Council thereby binding the Society for one year. It is also recognized that if inadequate in May, 1919, in view of the steady uptrend of prices, wages and professional fees it might fairly be regarded as preposterous in 1920. It is therefore submitted for consideration, adoption or rejection.

2. If tentatively adopted, the Society can direct that steps be taken to raise the rates to figures agreed upon at this time.

3. If rejected, the same ground must be gone over in the same way, with economic loss to the profession pending a final adjustment.

4. It is absolutely certain that results can only be attained by the closest possible organization and the determination by a majority of the profession to force the issue to an equitable conclusion.

5. The alternative is a guerilla warfare productive of no definite results and doomed to failure in the face of organized opposition.

6. It must be borne in mind that even at present rates, this business is accepted and is considered attractive by many physicians. These men are neither incompetent nor inexperienced. An office organization and sufficient volume of business are the essential factors. These conditions are recognized by the Companies and are always mentioned when higher fees are urged.

7. Organizations for the exploitation of the profession are also in existence. This is admitted by the insurance companies who state the remedy lies with the Society at the same time expressing their willingness to co-operate.

8. The Committee is satisfied the insurance companies prefer to deal with the regularly organized profession and desire to employ the best available men.

JAMES H. PARKINSON,
JOHN H. GRAVES,
GAYLE H. MOSELEY,
Committee.

The report was considered at great length on the floor of the House of Delegates and a general discussion ensued.

Upon the motion of Graves, seconded by Kenyon, the report was unanimously adopted as a whole by the House of Delegates.

NEW BUSINESS

Reapportionment of Delegates to the House of Delegates

The President then stated that owing to the increasing membership in the Society, a reapportionment of Delegates in accordance with Article V, Sec. 6, By-Laws, was in order, and that a Committee had been appointed by the Council to work out a plan of such reapportionment as would bring the number of Delegates within the limit of eighty (80); that the Committee had carefully examined the membership list of component societies furnished it by the Secretary to determine therefrom the number of Delegates to which each County Medical Society should be entitled.

The President then called upon the Chairman of said Committee on Reapportionment, Jas. H. Parkinson, who read the following:

REPORT OF THE COMMITTEE ON REAPPORTIONMENT

The Committee finds that the number of Delegates prescribed by the Constitution is eighty (80); the number registered at this meeting is 125.

The membership of the Society on April 1, 1920 was 2879. The number of County Societies in the State is 40. The present representation is one delegate to every 25 members or major fraction threof. On the basis of one to every 50 members, the number will be 78. It is understood that a Society will soon be organized in Imperial County which would make the number 79.

The Committee recommends that 1 delegate to every 50 members be used as the basis for reapportionment.

JAS. H. PARKINSON, Chairman;
RENÉ BINE,
GEO. H. KRESS,
Committee.

(Secretary's Note: Imperial County has an organized society which is a component society of this Society.)

Upon the motion of Parkinson, seconded by Bine, the report was unanimously adopted. Subsequently, the question was raised as to the action on this report at this time as under the ruling of the President "it was new business." After some discussion, the Chair ruled that it be referred to the Reference Committee.

RESOLUTIONS

The President then announced that any resolutions presented to the House of Delegates for its consideration would be referred to the Reference Committee, and that this Committee after careful deliberation would report to the House of Delegates at the Second Session, to be held Wednesday evening, May 12, 1920.

Resolutions were then presented as follows:

RESOLUTION NO. 1

Presented by Victor G. Vecki.

Whereas, It has always been the policy of the medical profession to maintain the confidence of their patients as an inviolate secret; and

Whereas, The Volstead Act compels the physician to betray the confidence placed in him by his patient by publishing the nature of his illness; and

Whereas, The said Volstead Act dispenses with the judgment of the physician when treating his patients by limiting the amount of alcoholic stimulants he may prescribe; therefore be it

Resolved. That the Medical Society of the State of California expresses its disapproval of those portions of the said Volstead Act which interfere with the proper relation of the physician and his patient; and it is further

Resolved, That a copy of this resolution be sent to each of our representatives in the House and the Senate of the United States.

RESOLUTION NO. 2

At the request of Dr. Frank B. Carpenter, Dr. Euclid B. Frick was granted the floor and read the following:

IN MEMORIAM

On April 22, 1920, Dr. J. Henry Barbat died at his home in San Francisco.

He was a virile man of simple tastes, frank manner, sterling virtue, and genial and generous disposition, a progressive and well-informed surgeon with unusually good surgical judgment and manual dexterity as an operator. He was intensely interested in the progress and welfare of this Society and his County Medical Society, and also took an active part in the civic medical problems of his city; but above all his other qualities his friends hold in loving remembrance his kindly, generous, loyal and unwavering affection for them. It is seldom that we find a man whose character combines so much in the way of professional ability and personal good qualities.

He died at the zenith of his career, successful as a surgeon and beloved as a man.

His death is an irreparable loss to his family and personal friends, to his patients, to this Society and to the whole community in which he lived.

We at this session miss him grievously.

On motion regularly moved and seconded it was unanimously

Resolved, That the above expression of sympathy be received by the Society and that a copy be sent to the family of the late J. Henry Barbat.

RESOLUTION NO. 3

Presented by a Committee of—W. W. Roblee, Andrew Stewart Lobingier and Robt. A. Peers.

Whereas, There is not at the present time in the scheme of organization of the Scientific Program any place for the presentation of topics of general interest; and

Whereas, As at present constituted there is no opportunity for the man in general practice to secure a place on the program; therefore be it

Resolved, That the Committee on Scientific Program be, and hereby is, instructed to provide, in addition to the program of the regular sections, a program of general interest, so that every member of the Society may have an equal opportunity to participate; be it further

Resolved, That the General Program shall consist of two half-day sessions, one of which shall occupy a part of the first morning of the convention; be it further

Resolved, That in order to provide sufficient time for the Tuesday morning session, all other exercises, except the President's address and reports of necessary committees, be omitted.

(Signed) W. W. ROBLEE,
(Signed) ANDREW S. LOBINGIER,
(Signed) ROBT. A. PEERS,
Committee.

RESOLUTION NO. 4

Presented by a Committee of—W. W. Roblee, Andrew Stewart Lobingier and Robt. A. Peers.

Resolved, That the Council be instructed to appoint a committee of three members and request the appointment of similar committees by the League for the Conservation of Public Health, the State Nurses' Association, and the State Board of Health, which shall hold joint meetings from time to time to consider matters connected with the nursing profession, especially proposed legislation.

(Signed) W. W. ROBLEE,
(Signed) ANDREW S. LOBINGIER,
(Signed) ROBT. A. PEERS,
Committee.

RESOLUTION NO. 5

Presented by G. G. Moseley.

Whereas, The subject of expert medical testimony in insanity and accident cases before the courts and commissions of the State of California has not been and is not satisfactory; therefore be it

Resolved, That the President of this Society appoint a committee of five to investigate and report to the Society ways and means for improving and standardizing if possible a plan for furnishing competent expert medical testimony in court and commission cases.

RESOLUTION NO. 6

Presented by Mary E. Botsford.

Whereas, The administration of inhalation anæsthesia, to wit: the practice of anæsthesiology, is the practice of medicine and demands a thorough medical education; and

Whereas, The practice of using technical assistants among the laity or the nursing profession for the giving of inhalation anæsthetics, tends to lower the standards of medical education and needlessly endanger human life; therefore be it

Resolved, By the House of Delegates of the Medical Society of the State of California, that the administration of inhalation anaesthetics—the practice of anaesthesiology—should be performed

and practiced only by licensed physicians and surgeons, and that the custom of employing technical assistants among the nursing profession or among the laity is hereby condemned; and further be it

Resolved, That no person other than a duly licensed physician and surgeon be employed or used by any member of this Society to administer an inhalation anæsthetic, except in an emergency or in communities or districts where no physician and surgeon is practicing anæsthesiology; and be it further

Resolved, That no hospital shall be deemed to have acceptable standards which employs a nurse or lay anæsthetist to administer inhalation anæsthetics or to practice anæsthesiology, except in cases where duly licensed physicians and surgeons are not available, and then only as an employee of such hospital.

RESOLUTION NO. 7

Presented by Jas. H. Parkinson, Chairman of Committee appointed by the Council.

REPORT OF COMMITTEE ON RE-APPORTIONMENT

The committee finds that the number of delegates prescribed by the Constitution is 80, the number registered at this meeting is 125.

The membership of the Society on April 1, 1920, was 2879. The number of County Societies in the State is 40. The present representation is one delegate to every 25 members or major fraction thereof, on the basis of one to every 50 members; the number of delegates will be 78. It is understood that a society will soon be organized in Imperial County which would make the number 79. The committee recommends that one delegate to 50 members be used as the basis for reapportionment.

JAS. H. PARKINSON, Chairman;
RENÉ BINE,
GEO. H. KRESS, Committee.

RESOLUTION NO. 8

Presented by G. G. Moseley.

Resolved, That the By-Laws, Article V, be amended by adding a new section thereto to be numbered Sec. 12a, reading as follows:

ARTICLE V.

Sec. 12a. The Council shall annually in advance fix the place of the annual meeting. The Council shall do all other acts and things for and on behalf of the Society, not otherwise provided for.

ADJOURNMENT

There being no further business, the meeting was adjourned to meet Wednesday evening, May 12, at 8:30 o'clock.

SECOND SESSION
Wednesday evening, May 12, 1920, at 8:30 o'Clock

ROLL CALL

The roll being called, ninety-four (94) Delegates were found to be present, and the President, H. A. L. Ryfkogel, in the chair, declared that a quorum of the House of Delegates was present and that the House was ready for business.

Place of Meeting, 1921—The President then made the announcement that the place of meeting for 1921 would be at Hotel Coronado, Coronado, California.

ELECTION OF OFFICERS

Nominations for President-Elect were declared in order.

President-Elect—John H. Graves of San Francisco was nominated for President-Elect by Frank B. Carpenter of San Francisco, said nomination being duly seconded by Wm. T. McArthur of Los Angeles. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for John H. Graves for President-Elect. The Secretary duly cast the ballot, and John H. Graves was duly declared elected President-Elect of the Society for the year 1920.

Nominations for First Vice-President were declared in order.

First Vice-President—William Duffield of Los Angeles was nominated for First Vice-President by Wm. T. McArthur of Los Angeles, said nomination being duly seconded by C. Van Zwalenburg of Riverside. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for William Duffield for First Vice-President. The Secretary duly cast the ballot, and William Duffield was duly declared elected First Vice-President of the Society for the ensuing year.

Nominations for Second Vice-President were declared in order.

Second Vice-President—Joseph Catton of San Francisco was nominated for Second Vice-President by Frank B. Carpenter of San Francisco, said nomination being duly seconded by Geo. H. Kress of Los Angeles. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Joseph Catton for Second Vice-President. The Secretary duly cast the ballot, and Joseph Catton was duly declared elected Second Vice-President of the Society for the ensuing year.

Nominations for Secretary were declared in order.

Secretary—Saxton Pope of San Francisco was nominated for Secretary by René Bine of San Francisco, said nomination being duly seconded by Jas. H. Parkinson of Sacramento. On motion, duly seconded, the President cast the ballot of the House for Saxton Pope for Secretary, and Saxton Pope was duly declared elected Secretary of the Society for the ensuing year.

Nominations for Councilors, terms expiring 1920, were declared in order.

COUNCILORS

At-Large, Los Angeles—Geo. H. Kress of Los Angeles was nominated for Councilor-at-Large, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Geo. H. Kress for Councilor-at-Large. The Secretary duly cast the ballot, and Geo. H. Kress was duly declared

elected Councilor-at-Large (to succeed himself) for the ensuing three years.

At-Large, Los Angeles—Wm. T. McArthur of Los Angeles was nominated for Councilor-at-Large, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Wm. T. McArthur for Councilor-at-Large. The Secretary duly cast the ballot, and Wm. T. McArthur was duly declared elected Councilor-at-Large for the ensuing three years.

At-Large, Riverside—C. Van Zwalenburg of Riverside was nominated for Councilor-at-Large, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for C. Van Zwalenburg for Councilor-at-Large. The Secretary duly cast the ballot, and C. Van Zwalenburg was duly declared elected Councilor-at-Large (to succeed himself) for the ensuing three years.

At-Large, San Francisco—René Bine of San Francisco was nominated for Councilor-at-Large, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for René Bine for Councilor-at-Large. The Secretary duly cast the ballot, and René Bine was duly declared elected Councilor-at-Large (to succeed himself) for the ensuing three years.

Fifth District—Frank H. Paterson of San Jose was nominated for Councilor for the Fifth District, said nomination being duly seconded. Dr. P. T. Phillips was also nominated, and said nomination was duly seconded. Ballots were distributed, tellers appointed, the vote canvassed, and it was found that Dr. Frank H. Paterson had received a majority of the votes cast; whereupon, Frank H. Paterson was duly declared elected Councilor for the Fifth District for the ensuing three years.

Seventh District—Edw. N. Ewer of Oakland was nominated for Councilor for the Seventh District, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Edw. N. Ewer for Councilor for the Seventh District. The Secretary duly cast the ballot, and Edw. N. Ewer was duly declared elected Councilor for the Seventh District (to succeed himself) for the ensuing three years.

Ninth District—Andrew W. Hoisholt of Napa was nominated for Councilor for the Ninth District, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Andrew W. Hoisholt for Councilor for the Ninth District. The Secretary duly cast the ballot, and Andrew W. Hoisholt was duly declared elected Councilor for the Ninth District (to succeed himself) for the ensuing three years.

Committee on Scientific Program—F. F. Gundrum of Sacramento was nominated to serve on the Committee on Scientific Program, by G. G. Moseley of San Francisco, said nomination being duly seconded by Robt. A. Peers of Colfax. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for F. F. Gundrum to serve on the Committee on Scientific Program. The Secretary duly cast the ballot, and F. F. Gundrum was duly declared elected to serve on the Committee on Scientific Program for the ensuing four years.

The Committee on Scientific Program is as follows:

Walter B. Brem, Los Angeles,	1921
Lemuel P. Adams, Oakland,	1922
F. M. Pottenger, Monrovia,	1923
F. F. Gundrum, Sacramento,	1924

Saxton Pope (as Secretary of the Society), Chairman.

Delegates to the American Medical Association—Nominations for two Delegates to the American Medical Association were declared in order.

H. Bert Ellis of Los Angeles was nominated by C. Van Zwalenburg of Riverside for Delegate to the A. M. A. for two years, said nomination being duly seconded by René Bine of San Francisco. On motion, duly seconded, the Secretary was instructed to cast the ballot for H. Bert Ellis for Delegate to the A. M. A. The Secretary duly cast the ballot, and H. Bert Ellis was duly declared elected Delegate to the A. M. A. for the ensuing two years.

Albert Soiland of Los Angeles was nominated by William Duffield of Los Angeles for Delegate to the A. M. A. for two years, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot for Albert Soiland for Delegate to the A. M. A. The Secretary duly cast the ballot, and Albert Soiland was duly declared elected Delegate to the A. M. A. for the ensuing two years.

Delegates to the American Medical Association are as follows:

A. B. Spalding, San Francisco,	(1)	1921
H. Bert Ellis, Los Angeles,	(2)	1922
Albert Soiland, Los Angeles,	(2)	1922

Nominations for two Alternates to the American Medical Association were then declared in order.

C. Van Zwalenburg of Riverside was nominated by Edw. N. Ewer of Oakland for Alternate to the American Medical Association for two years, said nomination being duly seconded by Wm. T. McArthur. On motion, duly seconded, the Secretary was instructed to cast the ballot for C. Van Zwalenburg for Alternate to the American Medical Association. The Secretary duly cast the ballot, and C. Van Zwalenburg was duly declared elected Alternate to the American Medical Association for the ensuing two years.

Edw. N. Ewer of Oakland was nominated by G. G. Moseley for Alternate to the American Medical Association for two years, said nomination being duly seconded by O. D. Hamlin. On motion, duly seconded, the Secretary was instructed to cast the ballot for Edw. N. Ewer for Alternate to the American Medical Association. The Secretary duly cast the ballot, and Edw. N. Ewer was duly declared elected Alternate to the Amer-

ican Medical Association for the ensuing two years.

Alternates to the American Medical Association are as follows:

T. C. Little, San Diego,	(1)	1921
C. Van Zwalenburg,	(2)	1922
Edw. N. Ewer, Oakland,	(2)	1922

Presentation of the President

John C. Yates of San Diego, the incoming President, was then escorted to the chair.

Dr. Yates made a very interesting address as follows:

Mr. President and Members of the Medical Society of the State of California:

Last year you placed me on probation for one year as President-Elect, and in July the government placed me on prohibition, so I enjoy the distinction of being your first probation-prohibition President.

This is just one very small item in current methods of reconstruction following the terrible upheaval of the world war, and this is the first meeting, when you all have been able to return from your various duties during that time, but the reconstruction process commenced some time ago, and will continue until all things are adjusted in a new plane of some kind. There will be a great many experiments of all sorts and kinds in this readjustment, many of which will be found to be visionary and be dropped entirely, while others will remain as our guide. What part is the organized profession of medicine to take in this work which is going to affect us all? As you all know at the present time, medicine is assailed from all sides by various sorts of religious fanatics, and from this develops every kind of fad and ism, based more or less upon the teachings of the Bible and the healings of Christ. From another side comes the commercial quack in guise of some more or less high sounding name culled from the Greek, and our public legislators, not being educated to any extent along our lines of thinking, are led astray in their honest endeavor to do what they think right. As citizens of the State, and of our own local community, is it not our duty to give the public more of our ideas as to how and why certain things should be done, looking toward their benefit? Have we not been derelict in our duty in many respects? We have always tried in every way to work for the benefit of the public in general in saving lives and conserving the health of our community, and when in serious trouble of any kind, it is the physician of whom advice is asked. About the only time a physician is not asked his advice is when something that concerns him personally is to be brought about, whether of a private enterprise or public nature. A very serious decision and responsibility is resting upon us of the Medical Profession of today in the changing conditions as to what lines the medical profession of the future is to assume.

The Medical Profession of this State, united within this Society, for many years strove for scientific advancement and the increasing efficiency of each member of our Society. We determined in 1918 to attempt the solution of the public health questions, that yet remain to be solved, to put the profession in proper harmony and accord with the lay public, and to see that the principles of preventive medicine were put into practical effect, so far as that were possible through the organized efforts of the profession. To accomplish these objects, which I realize are all too briefly summed up here, The League for the Conservation of the Public Health was formed.

How well it has served the public and profession you all know. That its unceasing efforts to successfully combat the foes of scientific medicine and to arouse the profession to a proper sense of its civil duties, has greatly benefited the Society's campaign for members, and in view of the great work of that organization, and the vital work of this organization, I feel that the successful issue of the membership campaign, inaugurated under my predecessor, Dr. Ryfkogel, is one of the most important projects that this body has undertaken. Having for its object the bringing within the fold all ethical physicians and surgeons, licensed in this State, Dr. Ryfkogel, Dr. Pope and members of Council, made a wise selection in the person of Mrs. R. V. S. Berry as the special agent of the Society, and you have heard in the report already given of the very splendid work which this agent has done in this connection, which has added to our number some 200 members of the profession. The lesser cities and counties remain to be visited by the Society's agent, and I hope before my term ends, we shall be able to report to you that she has canvassed the entire state and met with the same success that has been hers in the sections already covered.

The second Society undertaking, which my predecessor stated to be of primary importance to him as President, will also be of importance to me, the campiagn in relation to the Indemnity Defense Fund. We all know that we are practically unanimous in neglecting our own business and our own affairs. We are so engrossed in the demands of our practice that we feel we have no time to take any heed of the future, and while our medical defense, without financial protection, has been most ably and satisfactorily carried on by our Legal Department for some ten years, nevertheless instances do arise where judgments are recovered against doctors, where the demand is without any merit whatever; or without personal oversight or neglect on the part of the doctor. Realizing these conditions this body established the Indemnity Defense Fund. The number of members now in the Fund has reached a gratifying figure. I intend to press this campaign so that every member of the Society is at least cognizant of the existence of the Fund, its purposes, and what it means to him.

The third proposition placed before you last year, the year before, and now again this year, is still unsolved; I refer to practice under Workmen's Compensation Act. The year, however, has not been without fruitful results. The Council, and particularly its Committee, consisting of Dr. Parkinson of Sacramento, Chairman, and Drs. Moseley and Graves, has done remarkable work. These gentlemen have been untiring in their efforts in behalf of us all. They have met many, many times, and held numberless conferences, both with members of the profession, members of the Industrial Accident Commission, employers, and others. When the Workmen's Compensation Act went into effect in 1913, we did not realize the vital necessity of acting as a unit. Instead of meeting by ourselves and studying the problem at all angles, so as to reach a result that would have given satisfaction to the injured employee, to the public, and to ourselves, we disintegrated, allowing others to seize the helm, and have done as we have been told to do ever since. I hope that we have now learned the necessity of organized action, of agreement among ourselves in the first instance, and upon the selection of duly empowered representatives to follow our recommendations throughout. Whatever we may individually or personally think of the Workmen's Compensation Act, it may be taken as final, I believe, that it is now regarded as an economic necessity, and desirable as such, both by employer and employee. It remains for us to see that a system is administered which will protect the rights and interests of the employee and our profession.

We hope to have these things all complete this year. I have mentioned the Council briefly two or three times, but right here I want to congratulate the Society and thank you for the efficient Council you have elected, for it is to them you owe the high standard and good name of this Society. Most of us come to the meeting once a year, hear some excellent papers, have a good time meeting our friends, and then go home leaving the burden of the Society on the Council for another year, with a perfect feeling of trust that everything possible will be done by them for our benefit.

In closing, I wish to thank you for the high honor you have conferred upon me by electing me your president, and I hope to have your full co-operation in making this year a successful one in the annals of our Society.

Presentation of the President-Elect

John H. Graves of San Francisco, President-Elect, was next presented. Dr. Graves expressed his appreciation in a few well-chosen words.

REPORT OF THE GENERAL ATTORNEY

General Counsel Hartley F. Peart made a brief report of the status of the work of the Legal Department.

On motion, duly made and seconded, said report was unanimously adopted by the House.

Upon motion, unanimously seconded, a vote of thanks was extended to Messrs. Peart and Morrow for the efficient work which they have done.

REPORT OF THE REFERENCE COMMITTEE

The President then called upon Jas. H. Parkinson, Chairman of the Reference Committee, for a report of that committee. Said report was read by the Chairman as follows:

Your Committee begs leave to report the following for the consideration of the House of Delegates:

1. *President's Address*—Referring to the President's address—Education of Patients:

The Committee recommends to the profession that every opportunity be availed of to inform their patients on all points where intelligent public opinion can advance scientific medicine or influence legislation.

Attendance at Medical Societies—The Committee recommends that the Council be instructed to ascertain the average attendance at Medical Society meetings in this State and the frequency of such meetings.

The Committee further recommends that methods of increasing interest and promoting attendance at meetings of Medical Societies and of Societies in general in this and other States be studied and that the results with proper recommendations be put in effect from time to time during the year.

Funds of Sections—The Committee recommends that the Council considers the provision for expenditures in the various sections that will increase attendance at the sessions and for the Program Committee in carrying on its work.

On motion, duly made and seconded, the report was unanimously accepted by the House of Delegates and referred to the Council.

2. *Report of the Council*—Referring to the Chairman's address:

Campaign for New Members and Medical Survey of State—The Committee recommends that this campaign be continued and that the necessity for an accurate survey and index of medical matters throughout the State be considered in this connection.

On motion, duly made and seconded, the report was unanimously accepted by the House of Delegates and referred to the Council.

3. *Report of the Editor*—The Committee recommends that the Society records its appreciation of the marked improvement in the Journal and the excellent character of its reading matter. While recognizing that the number of printed pages is limited by the Journal income, it suggests that this income be increased, by legitimate advertisements, as far as possible, to provide for the increasing demands upon its space.

On motion, duly made and seconded, the report was unanimously accepted by the House of Delegates.

4. *Report of the Secretary*—The Committee recommends that the best thanks of the Society be accorded the Secretary for his very valuable services at all times, but especially on the very smooth running of the many activities at this meeting, due in great part to the co-ordinating of all functions by the Assistant Secretary, who has acted as a most efficient laison officer.

On motion, duly made and seconded, the report was unanimously accepted by the House of Delegates.

5. *In Memoriam*—Dr. J. Henry Barbat:

The Committee recommends that the resolution already adopted be made a part of this report for formal endorsement.

On motion, duly made and seconded, the recommendation of the Committee was unanimously accepted by the House of Delegates.

6. *Resolutions*—

RESOLUTION NO. 1

Amendment of the Vostead Act—The preambles and resolutions refer to Section 7, limiting the amount of spirituous liquor of any kind that can be prescribed for his patient by a physician within given periods; and the further provision in Section 7 for the keeping of a record in a special book in which the ailment of the patient must be stated, which fact is also prescribed in Section 8. These books are ultimately filed with the Government as public records.

The Committee recommends the adoption of the resolution and that the matter be referred to the Council for action.

On motion, duly made and seconded, the resolution was unanimously adopted by the House of Delegates.

RESOLUTION NO. 2

Resolution providing for session, other than section meetings, at which topics of general interest can be presented.

The Committee recommends the adoption of the

resolution and that the matter be referred to the Council for action.

On motion, duly made and seconded, the resolution was unanimously adopted by the House of Delegates and referred to the Council for action.

RESOLUTION NO. 3

Resolution requesting the appointment of Committee by State Nurses' Association, State Board of Health, League for the Conservation of Public Health and this Society, to consider matters connected with the nursing profession, especially legislation.

The Committee recommends that it be not adopted.

On motion, duly made and seconded, the resolution was unanimously rejected by the House of Delegates.

RESOLUTION NO. 4

Resolution providing for the appointment of a committee to investigate the present system of expert testimony in insanity, accident and other cases; to devise ways and means for its improvement and standardization.

The Committee recommends that the resolution be referred to the Council for action, that the present status of the question can be determined, and former action of the Society in this connection be considered.

On motion, duly made and seconded, the resolution was adopted by the House of Delegates, and the President authorized to appoint a committee of five (5) to report back to the Council.

RESOLUTION NO. 5

Anesthesia—A resolution regulating the practice of anæsthesia:

The Committee recommends that the preambles and resolution be not adopted in their present form, and that the Society goes on record on the following propositions:

1. That the administration of an anesthetic is always the function of a legally qualified medical practitioner;
2. That this administration is best performed by physicians specially trained or who have made a specialty of this subject;
3. That, wherever available, hospitals and public institutions, where anesthetics are administered, should employ only physicians as anæsthetists;
4. That the Society condemns, under all circumstances, the training and qualification of lay persons as anesthetists;
5. That "no hospital shall be deemed to have acceptable standards" which charges a fee for an anæsthetic unless such anæsthetic has been administered by a legally qualified physician.

On motion, duly made and seconded, said recommendations (reported by the Reference Committee) were unanimously adopted by the House of Delegates.

Reapportionment—The Minutes of the House of Delegates show the report of the Committee on Reapportionment, which merely presented the action of the Council in accordance with Article V, Section 6, of the By-Laws, and adopted by the House of Delegates. This naturally precludes its consideration by any committee.

Report of the Committee on Industrial Accident Work—This report, while properly coming under the head of "New Business," was not referred to the Reference Committee, but was adopted by the House of Delegates. It, therefore, cannot be included in this report.

Respectfully submitted.

JAS. H. PARKINSON, Chairman,
FITCH C. E. MATTISON,
MORTON R. GIBBONS,
HARTLEY F. PEART, General Counsel,
Reference Committee.

Upon motion, duly seconded, it was unanimously

Resolved, That the report be taken up, read and approved, section by section.

Said report was then read section by section, and the recommendations of the Committee as to each section thereof was, on motion, duly made and seconded, duly adopted.

On motion, duly made and seconded, the report of the Reference Committee was unanimously adopted as a whole by the House of Delegates.

ADJOURNMENT

There being no further business before the House, the minutes of the first and second session were read and duly adopted. Upon motion it was regularly moved and seconded that the House of Delegates adjourn to meet at Hotel Coronado, Coronado, California, May 10, 11, 12, 1921.

THOSE REGISTERED AT THE FORTY-NINTH ANNUAL MEETING OF THE MEDICAL SOCIETY, STATE OF CALIFORNIA, MAY, 1920.

A

Adams, Bon A.; Adams, L. P.; Alder, Eliot; Alvarez, W. C.; Allen, Chas. L.; Amster, L.; Anderson, C. W.; Anthony, E. H.; Anthony, R. S.; Anton, L. L.; Armstrong, Taylor; Arnold, M. H.; Auerback, Louise; Austin, M. O.; Avery, R. W.

B

Barnhart, Wm.; Barnet, Fred J.; Bakewell, Benj.; Bailhache, A. L.; Barry, W. T.; Bagby, H. C.; Barett, G. M.; Baxter, W. H.; Bartlett, E. I.; Bancroft, I. R.; Barlow, W. J.; Barrow, J. V.; Beattie, W. A.; Beckett, W. W.; Bell, C. A.; Berle, Chas. K.; Beckett, W. A.; Biné, Rene; Bishop, F. C.; Bishop, F. W.; Blatherwick, A. A.; Blair, J. C.; Boller, Phil; Bonthlus, Andrew; Botsford, Mary E.; Boyce, W. A.; Bowman, M. B.; Brainerd, H. G.; Brem, Walter V.; Brennan, Thos. F.; Breed, L. M.; Brennaoum, W. J.; Breyer, J. H.; Brinkerhoff, E. E.; Brounfield, W. H.; Broughton, G. A.; Browning, C. C.; Brown, Adelaide; Brown, Chas. W.; Brown, J. M.; Brown, Rexwald; Brown, R. W.; Bryan, Lloyd; Burton, F. A.; Byrnes, R. L.; Buchner, G. O. H.; Bulpitt, Fred'k; Bull, E. C.; Bunnell, Sterling; Burch, E. Lee; Burger, Thos. O.; Burkard, A. F.; Burke, W. P.; Burnham, M. P.; Burnside, Chas.; Burks, F. L. R.; Butler, Edmund.

C

Cameron, H. McD.; Camp, F. K.; Campbell, E. O.; Campbell, James; Campbell, R. R.; Campbell, W. W.; Carrington, P. M.; Carter, C. E.; Catton, Joseph; Carpenter, F. B.; Chaffee, R. S.; Chappel, H. W.; Chappin, R. C.; Chance, Arthur; Charlton, A. T.; Chamberlin, H. H.; Chambery, F. J.; Champion, J. A.; Chessman, Frank N.; Clarke, F. M.; Clark, Jonas; Clark, W. A.; Close, Katherine M.; Coblentz, L. B.; Coffey, W. B.; Coffin, H. M.; Cole, George L.; Collins, Asa W.; Cooke, A. B.; Cooke, H. T.; Cosgrave, Millicent; Couey, E. J.; Coy, L. M.; Cox, H. M.; Cox, T. J.; Craig, W. H.; Crane, W. R.; Crawford, John; Crawford, J. C.; Crawford, W. W.; Cross, W. W.; Crispin, Egerton; Cromwell, T. A.; Crossan, John W.; Cunningham, B. F.; Cummings, J. C.; Cummings, Roland; Cunnane, T. E.; Curtiss, Chas. L.

D

Dakin, W. B.; Dameron, J. D.; Daniel, W. H.; Davis, G. W.; Day, Robt V.; Deane, L. C.; Decker, C. W.; De Puy, C. A.; De Puy, E. S.; Detling, Frank; Dignan, H.; Dillon, E. T.; Dillon, Jas. R.; Dillingham, F. S.; Dolley, F. S.; Dozier, Ernest; Dowling, S. W.;

Dukes, C. A.; Duffield, Wm.; Duncan, Rex; du Bray, E. S.; Duncan, W. C.; Dunlop, John; Dye, W. G.

E

Ebright, George E.; Edward, J. G.; Edwards, T. C.; Ellis, H. Bert; Ellis, Lulu T.; Eloesser, Leo.; Emmons, C. L.; Emerson, M. L.; Emge, L. A.; Ewer, E. N.

F

Falconer, E. H.; Fallas, R. E.; Fairchild, F. D.; Fairchild, Fred R.; Feeley, Matilda; Ferrier, Paul A.; Fife, Joseph L.; Fish, E. S.; Fishbaugh, D. E.; Fisher, A. L.; Fisher, J. F.; Fleming, E. W.; Fly, E. M.; Flynn, Anna M.; Flint, Wm. H.; Folkins, F. H.; Foster, R. de L.; Franklin, J. H.; Franklin, Jas. W.; Franklin, W. S.; Frees, Ben; Frick, E. B.; Fulton, Dudley.

G

Galtnet, A. E.; Galbraith, G. H.; Gates, Amelia L.; Gibbons, H. W.; Gibbons, M. R.; Gilman, P. K.; Gilbert, W. H.; Girard, Frank R.; Glenn, Robt A.; Goetz, Alice L.; Gottlieb, Adolph; Graham, H. B.; Granger, A. S.; Graves, John H.; Grosse, A. B.; Grubbs, Robt B.; Guernsey, P. F.; Guilfoil, J. A.; Gunn, Herbert; Gundry, F. J.; Gundrum, F. F.

H

Hadden, David; Hall, W. E.; Hale, N. G.; Hamlin, F. A.; Hamman, A. F.; Hamlin, O. D.; Hanford, Frank W.; Haque, W. Grant; Harding, H. W.; Harding, M. C.; Hart, M. E.; Harter, I. F.; Harvey R. W.; Henderson, A. E.; Henderson, H. E.; Hennemuth, J. L.; Heppner, Maurice; Herrmann, A. J.; Hill, E. J.; Hill, H.; Hill, Robt. B.; Hill, W. B.; Hill. W. H.; Hinman, Frank; Hoag, C. L.; Holleran, Walter M.; Homer, R. W.; Hoisholt, A. W.; Horgan, E. J.; Hosmer, C. M.; Howard, H. W.; Hood, W. H.; Hromadka, A. B.; Huggins, W. L.; Hulen, Vard H.; Hunkin, S. J.; Hunter, George G.; Hurwitz, S. H.; Hutchinson R.; Hyman, Sol.

I

Inman, Thos. G.

K

Kahn, M.; Kavinoky, N.; Kelly, E. E.; Kelly, Frank; Kellogg, W. H.; Kendall, E. C.; Kern, W. B.; Kerr, W. J.; Kenyon, C. G.; Kiger, W. H.; Kilgore, E. S.; King, John C.; King, Joseph M.; Kinney, Lyell C.; Kirk, B. E.; Kirschner, H. E.; Knapp, E. V.; Kneeshaw, R. S.; Koons, H. H.; Kress, G. H.

J

Jacobs, Edw. H.; Jacobs, L. C.; Jacobs, Wm. R.; Janney, N. W.; Jean, George W.; Jesberg, Simon; Jones, N. W.; Jones, W. Harriman; Johnson, Carl; Johnson, C. O.; Johnson, Edward E.; Johnston, H. A.; Jordan, P. A.

L

Lamoree, Edith V. A.; Lander, Chas. J.; Langstroth, Lovell; Langnecker, H. L.; Layman, M. H.; Leavitt, E. I.; Lefler, A. B.; Lehr, Stella R.; Lee, Dorothea; Lee, Helen; Leix, Fred'k.; Legge, Robt. T.; Lennon, M. B.; Lewis, E. R.; Lewis, W. J.; Lewis, Wm.; Little, Thos. C.; Lobingier, A. Stewart; Lockwood, Chas. D.; Logan, R. L.; Lohse, J. L.; Lowman, C. L.; Lippman, Caro W.; Livingston, W. R.; Loomis, F. M.; Lucas, W. T.; Luton, G. R.; Lynch, Frank W.

M

Malley, G. M.; Malsbary, George E.; May, H. C.; Martin, H. R.; Marxmiller, H. G.; Maxwell, Alice F.; Mathé, C. P.; Mattison, F. C. E.; Maupin, J. L.; Means, P. C.; Mehrtens, H. G.; Mellinger, H. V.; Mellinger, W. J.; Merrill, B. E.; Merrill, H. P.; Melvin, J. T.; McArthur, P. R.; McArthur, W. T.; McAulay, John; McChesney, George J.; McCleaves, T. C.; McCoskey, Grace; McCollum, B. B.; McCoy, George W.; McGettigan, C. D.; McIntosh, A. M.; McKellar, J. H.; McKee, W. C.; McKenney, A. C.; McNeile, Lyle G.; McNeile, Olga; McVey, C. L.; MacGowan, G.; Michelson. Lewis; Miller, Austin; Miller, B. F.; Miller, C. H.; Miller, F. W.; Mills, Lloyd; Miller, Robt. W.; Miller, S. J.; Molitor, N.; Morrison, S. K.; Morton, A. S.; Morton, A. W.; Morton, Lewis B.; Moseley, G. G.; Mott, D. W.; Moulton, D. H.; Moore, E. C.; Moore, Le Roy S.; Morris, C. A.; Morris, Roy H.; Morrison, M. McL.; Morrison, Wayland; Moseley, G. G.; Mudd, J. Le R.; Myers, G. G.; Myers, M. C.; Myers, Thos. C.

N

Naffziger, H. C.; Nagelman, C. B.; Nelson, C. F.; Nevius, John W.; Newell, R. R.; Newman, Lester; Newman, H. P.; Newcomb, A. S.; Newcomb, C. W.; Newkirk, H. D.; Neel, J. C.; Nielsen, J. C. E.; Nittler, A. N.; Nusbaumer, P. S.

O

O'Connor, Roderic; Oldham, John Y.; Olds, W. H.; Oliver, H. R.; Orella, F. L.; Osborne, H. B.; O'Neal, Robt. McW.; O'Malley, G. M.; O'Reilly, T. W.

P

Palmer, C. B.; Parker, C. N.; Parker, Garth; Parkinson, Jas. H.; Paterson, Frank H.; Peers, Robt. A.; Percy, J. F.; Peterson, Anders; Pickard, R. J.; Pickard, R. J.; Pickett, J. C.; Pierce, H. F.; Pietrafessa, R.; Piness, George; Player, L. P.; Plymire, D.; B.; Pischel, Kaspar; Pius, Chas.; Pollock, Robert; Pomeroy, J. L.; Pope, Saxton; Pottenger, F. M.; Powell, B. J.; Powers, L. M.; Preston, W. A.; Prince, L. D.; Pryor, F. O.; Proudfoot, C. P.; Putnam, V. E.

Q

Quinn, T. D'Arcy.

R

Rand, C. W.; Ramsay, J. A.; Reinle, G. G.; Reynolds, Cecil E.; Reynolds, L. G.; Reed, Alfred C.; Rees, C. E.; Rigdon, R. L.; Riggin, L. L.; Rinehart, H. D.; Risley, E. H.; Rixford, Emmet; Roblee, W. W.; Rogers, F. L.; Rogers, Thos. L.; Roberts, J. M.; Roberts, W. H.; Robertson, H. M.; Robinson, Samuel; Rogers, Arthur M.; Rosenberger, H. G.; Rosenkranz, H. A.; Rosson, R. W.; Roth, Leon; Rothrock, F. B.; Rowe, Albert H.; Runckel, G. H.; Ryan, L. R.; Ryfkogel, H. A. L.

S

Saunders, C. E.; Schaller, Walter F.; Schaupp, Karl L.; Scholtz, Moses; Schulz, R. L.; Schurman, H. L.; Schneider, E. H.; Scholl, A. J.; Scholtz, Moses; Scott (Jr.), Alfred J.; Seabolt, Gertrude; Seawall, J. W.; Sellew, P. K.; Seymour, Eleanor; Sewall, E. C.; Shaw, J. H.; Sherman, H. M.; Sherk, H. H.; Shoemaker, Harlan; Sherman, Joseph R.; Shortlidge, E. D.; Shumaker, E. K.; Siefert, A. C.; Simonds, P. E.; Sink, W. D.; Skilton, A. W.; Skook, F. M.; Smith, Dudley; Smith, Harold H.; Sleeper, Karl R.; Smith, Bertrand; Smith, C. L.; Smith, E. D.; Smith, Rea; Smith R. T.; Snure, Henry; Soiland, Albert; Spalding, A. B.; Spiro, Harry; Stabel, Ferdinand; Stafford, O. R.; Stanley, L. L.; Staniford, K. J.; Steinberg, James; Stephenson, H. A.; Stevens, Chas. S.; Stevens, George M.; Stevens, Wm. E.; Stillman, Stanley; Stinchfield, H. C.; Stoddard, Chas. S.; Stoddard, F. A.; Stover, W. M.; Stoughton, A. V.; Strietmann, F. H.; Strong. D. C.; Sugarman, H.; Sullivan, J. F.; Sundin, P O.; Sweet, C. D.; Sweet, Earl; Sweet, Robt. B.

T

Taylor, Mary C.; Thomas, Benj.; Thomas, C. P.; Thomas, H. G.; Thomason, George; Thompson, H. A.; Thorner, M.; Thornton, A. J.; Thurber, Packard; Timme, A. R.; Toland, C. G.; Tomlinson, R. F.; Tranter, Chas. L.; Travers, Richard H.; Tupper, R. B.; Turley, Frances C.

V

Vallee, J. E.; Van Zwalenburg, Chas.; Vecki, V. G.; Veckl, V. G.; Von Adelung, Edw.

W

Wagner, F. J.; Walker, A. W.; Walker, G. W.; Walrath, G. B.; Waterman, C. O.; Warmer, Chas. A.; Ware, James G.; Watkins, James T.; Weber, W. L.; Wehrly, John; Welmar, W. B.; Wells, George S.; Wessel, G. J.; Wetmore, Clyde T.; Williams, N. H.; Wiese, W. F.; Wiley, E. H.; Wilson, Carl G.; Wilson, H. W.; Whitmer, C. F.; Whitney, J. L.; White, C. M.; Wilson, John; Wilson, J. M.; Williams, Ralph; Wier, T. F.; Witherbee, O. O.; Wing, P. B.; Worthington, Geo. B.; Wood, C. B.; Wood, E. H; Wood, N. N.; Wood, W. A.; Woolf, M. S.; Wright, H. W.; Wymore, W. W.

Y

Yates, John C.; Yerington, H. H.; Young, J. H.

Z

Zeile, A. H.; Zerfing, C. E.; Sumwalt, F. H.

Following is a list of California State Journal of Medicine advertisers who had exhibits at the Forty-ninth annual meeting of the Medical Society, State of California—Hotel Ambassador, Santa Barbara, California, May 1920.

Gagan-Richardson Co., Los Angeles. In charge R. A. Richardson and G. S. Savage.

Keniston & Root Surgical Co., Los Angeles. In charge S. W. Root & Son.

Percy J. Meyers Vo., San Francisco. In charge P. J. Meyers.

Radium Chemical Co., Pittsburg, Pa. In charge, W. A. Preston, Pacific Coast representative.

R. L. Scherer Co., Los Angeles. In charge, R. L. Scherer.

G. H. Sherman, Bacterin Laboratory, Detroit, Michigan. In charge, T. J. Champney.

Travers Surgical Co., San Francisco. In charge R. H. Travers.

Walters Surgical Co., San Francisco. In charge B. E. Kirk.

Bausch & Lamb Optical Co., San Francisco, had charge of the wiring for the scientific sections which was installed by their representative Mr. Johnston and handled in a most efficient manner.

Book Review

Systematic Development of X-Ray Plates and Films. By Lehman Wendell. 78 pages. Illustrated. St. Louis: C. V. Mosby Company. 1919. Price, $2.00.

A manual on dark-room technique which should be of valuable assistance to not only the beginner in X-Ray work, but should be in the reference library of every X-Ray laboratory.

The entire ground of plate and film development has been covered in a careful, painstaking manner. Useful formulae, arrangement of dark rooms, types of tanks, methods of making lantern slides, printing, care of tanks, control of solution temperatures, are all given proper significance.

The author is to be complimented in producing a book of which there is indeed a great need.

L. B.

Sanitation for Public Health Nurses. By Hibbert Winslow Hill. New York: Macmillan Company. Price $1.35.

The first half of this book is devoted to a description of the infectious diseases—their causes, symptoms and treatment—and to a most interesting description of the theories, ancient and modern, of the causes of epidemics. The last half of the book deals with the means of preventing epidemics, hygienic measures necessary to preserve health, and the value and nature of statistics in Public Health work. The last chapter contains samples of records for Child Welfare work. The book is interesting and up-to-date and will be useful not only to those preparing for Public Health work but as a text-book for the study of the infectious diseases.

Textbook of Chemistry for Nurses. By Fredus N. Peters. 302 pp. Illustrated. St. Louis: C. V. Mosby. 1919. $1.75.

This is an exceedingly interesting text-book of chemistry for elementary classes, but it is a pity the author specially signified its use for nurses, as about the only items that it contains of special interest to nurses are a few references to the derivation of drugs from the mineral elements, the means of softening water and a table of the antidotes for certain poisons. The greater part of the book is devoted to matter that, while exceedingly interesting, has no particular bearing on the nurses' other studies and their work. Thus the book is really more appropriate for High Schools than for Schools of Nursing, where, as a rule, such a short time can be alloted to chemistry that it is necessary to confine the study to the facts that are of particular importance to the nurses' special needs.

Organization of Public Health Nursing. By Annie M. Brainard. 144 pp. New York: Macmillan Company. 1919. Price $1.35.

This little book outlines in a concise and interesting manner the reasons for the necessity of organization in the various branches of Public Health work ad it gives most valuable suggestions for the procedures of organizing the work of the various committees, office staff and nursing force required to carry on such work. It shows the value of statistics and records and contains sample charts, record cards, inventory lists and similar data. The book is a valuable contribution to the literature on Public Health work and will be most helpful to all who, in any capacity, are engaged in organizing or carrying on any branch of Public Health nursing.

The Diseases of Infants and Children. By J. P. Crozer Griffith. 2 vols. 436 illustrations, including 20 plates in colors. W. B. Saunders Company. 1919.

This new Pediatrics is the latest addition to a list which now comprises about forty titles, identical or nearly so. From the others it stands out because of its wealth of compilations, tables, charts, photographs and references to the original literature. The descriptions of disease are, with a few exceptions, adequate and are illuminated by the excellent pictures. The practitioner will find the work of great value as a reference handbook. The tables showing the composition of milks and other foods, common and proprietary, with their caloric values deserve special mention for completeness. The technique of various therapeutic measures is clearly given and also well illustrated. Unfortunately the California practitioner will not find here what he has missed in other Eastern text books—a system of infant feeding adapted to the California baby whose sturdy digestion and voracious appetite cry for stronger fare than appears to satisfy his Eastern brother.

H. K. F.

Immunity

The Journal will express no opinion of and assume no responsibility for the views of "Immunity" correspondents. They must win or lose on their own merits by abounding in their own wisdom, and each reader must appraise each communication for what it is worth and take it for better or worse.

Communications will not be signed when published, but the author must be known to the editor. Send on your complaints, your kicks, your knocks, your boosts. We want constructive and destructive criticism. Air your pet hobbies. You are not limited to your own town or the medical profession.

PROFESSIONAL ETHICS

San Diego, May 29, 1920.

To the Editor:

Isn't it time we had done with the archaic twaddle camouflaged under the resonant title of Professional Ethics? Why defend poor practice simply because it is perpetrated by an M. D.? Why condemn fee-splitting and then have leaders, or at least noted, or at the very least, notorious doctors cannily continue the practice? Why have a lot of obsolete and forgotten customs perpetuated in this so-called code which no one follows and no one apparently admires? Why not clean house by each county society starting a campaign of honesty among its members and bring to time the ne'er-do-wells who invite reproach on the entire profession? I ask to know. Who will answer?

QUESTION BOX.

Correspondence

CARE AND USE OF NEW ARSENICALS

Washington, June 5, 1920.

On account of the large number of arsenic preparations which are being exploited for the treatment of syphilis, the United States Public Health Service has considered it desirable to issue a circular letter, copy of which is inclosed, discouraging the indiscriminate use of untried preparations.

Attention is especially invited to the fact that provision is made for the experimental use of any preparation under conditions which will make the results of such experiment available to others than the physician immediately concerned. Very truly yours,

H. L. CUMMMING,
Surgeon General

May 12, 1920.

Bureau Circular Letter No. 219.
Medical Officers, U. S. Public Health Service and others concerned:

Your attention is invited to the extensive exploitation through advertisements in professional journals and otherwise of various arsenic preparations which are not related to the arsphenamine group. The preparations referred to are sold with claims in regard to their value in the treatment of syphilis, which are unwarranted.

In the opinion of this office it is in the interest of all concerned that the subcutaneous, intramuscular or intravenous use of arsenic in the treatment of syphilis be confined to preparations of the arsphenamine group as these agents are of established value and are produced under the regulations of the Public Health Service. The following firms are now licensed for the manufacture of arsphenamine and neo-arsphenamine:

Dermatological Research Laboratories, 1720 Lombard Street, Philadelphia Pa.
H. A. Metz Laboratories, 122 Hudson Street, New York, N. Y.
Diarsenol Co., Inc., Buffalo, N. Y.
Takamine Laboratories, Clifton, N. J.

The Lowy Laboratory, of Newark, N. J., has been

granted a license to prepare a stable solution of arsphenamine.

It is not the desire of the Bureau to limit clinicians in the choice of agents of recognized worth but in the case of arsenic preparations, not members of the arsphenamine group, the available evidence indicates that their routine use is inadvisable in the treatment of syphilis. If it is desired to use any of these preparations in a purely experimental way previous authority from the Bureau should be secured. Applications for this authority should be accompanied by a statement as to the composition of the drug including the structural formula and the reason for its use. All information available on the value of the preparation should be forwarded.

H. S. CUMMMING,
Surgeon General.

ANOTHER GEM OF PUREST RAY

Sacramento, Calif.,
May 13, 1920.

Board of Medical Examiners,
906 Forum Bldg.,
S. E. Corner 9th & K. Sts.,
Sacramento.

To the Secretary-Treasurer.

Kind Sir:—

I, do here by complain on any and all Doctors and practitioners that are, and so called societies or classes, that practice or analyze a human body of the 5 special senses:

1. Touch
2. Taste
3. Smell
4. Hearing
5. Sight

for which has been found out some are doing to test out ones ability as to what they can do. When one can not be honest in their work a fine of $100 to $500 should be laid on he or she for dishonesty to a human body let be who it may as long as they practice, in the first place those who have studied Hygienic Physiology are not capable of complieing with the law of human nature to know wright from wrong and their license should be lawfully taken away from all who have not and can not show the same, includeing Drugless Doctors.

I give you my complaint as your Board give me the Honest Hygienic system of Doctoring which no other can give to prove against you.

I Remain

Yours truely,
MRS. ———
Sacto., Calif.

DIAGNOSIS OF SARCOMA VERIFIED.

San Francisco, Cal., May 20, 1920.

To the Editor:—

In your issue, Volume XII, 1914, page 482, I reported a history of a case of sarcoma of the pylorus, treated by pylorectomy. The growth was about the size of a cherry, globular, regular in contour, and covered by a definite membrane.

At the time of the above report before the San Francisco County Medical Society, the diagnosis was sharply contested by at least one local surgeon. The pathologic report was made by Professor Ophuls of Stanford University, who was never in doubt as to the correctness of his opinion. The subsequent history of the patient is of interest in this connection.

The patient lived comfortably for three and one-half years, then developed an intermittent diarrhea with occasional obstructive symptoms. In March, 1918, about four years after the initial operation, I again explored the abdomen and found recurrence in the pancreas. Patient died a few months later. No autopsy was made but there can be no doubt that Professor Ophuls' original opinion was verified.

(Signed) T. W. HUNTINGTON, M. D.

ACKNOWLEDGMENT OF VIENNA RELIEF FUND

Last Christmas Doctors Walter Scott Franklin and Wallace Smith sent the following appeal to a number of physicians:

"Doctor Alonzo Taylor described to us the fearful conditions in Vienna. Women and children are actually dying for lack of food and fuel and the conditions cannot be exaggerated.

"Those of us who feel grateful for the medical training which we received in Vienna, realize that the same starving women and children of the lower social order are the ones who contributed towards our success. Therefore it is incumbent upon us, who have received the advantages of this training to help alleviate their suffering.

Under the direction of Dr. Taylor we have made arrangements with the Hoover Organization to send food to Vienna, especially for the children.

"If you would like to contribute please send your check to one of the undersigned.

"Fraternally yours,

"WALTER SCOTT FRANKLIN,
"WALLACE SMITH."

They have just received the following letter of thanks from Professor Lorenz, Vienna.

Vienna, February 8, 1920.

My Dear Colleagues:

Professor von Eiselberg joins me in most heartfelt thanks to you for your most timely gift.

Our appreciation of your generosity is enhanced by the thought that we can see in it a kindly feeling for our beloved city of Vienna.

"All you can read in the papers about tragic conditions here cannot compare with the reality. It is a sad truth that the entire middle class, including the University-bred, are slowly starving to death. Among the physicians especially is great distress. Those who can, have sent their families to the country, as food is hard to get here and only at enormous prices, train service having practically ceased. The only gay and extravagant people are the despised war profiteers!

San Francisco remains in my memory as a beautiful fairy tale and now it is one of the cities of prosperous and happy America to send help to poor, starving Vienna.

Dr. von Eiselberg and I are so happy to be able to use your gift to bring comfort and hope to many a desperate family of our colleagues, and send you in advance their most heartfelt gratitude.

Tell all the people of the far "bright west" that this summer will see a famine in Vienna not equaled by any famine in India! Only America can help us. America should vie to be not only the victor but also the preserver of the world.

Very truly yours,
A. LORENZ (Signed).

POLICY OF THE EPISCOPAL CHURCH IN HEALTH MATTERS

June 8, 1920

To the Editor: My attention has been called to your article in the May number in which the Episcopal Church finds its interest in the application of religion to health, bringing it into the unenviable company of department stores, of miracle men, and of Christian Science. Since I agree with you entirely in condemnation of the objectionable practices and cults at which your article is directed, may I ask space to explain the attitude of the Episcopal Church in this whole matter, so far as I understand and may represent it?

It is not the attitude of Christian Science which repudiates medicine, nor that of the miracle man and professional healer, who appeal to the awakening of a superstitious faith. It is rather summed up in your own phrase, "In conjunction, the priest and doctor make a stalwart team."

For a score of years, many people in the Episcopal Church have recognized that religion, in taking ill health as a visitation of God to be borne with resignation, and at the same time appealing

to the doctors to heal, was guilty of a strange inconsistency. Such people have come to accept the fact that God through every kind of good agency, is waging war against disease, just as against sin, and that we need to help people to use their religion to get rid of disease, instead of to encourage them in an attitude of resignation.

The Emmanuel Movement under the leadership of Dr. Worcester of Boston was one expression of this new view. In many churches, work on the line of the Emmanuel Movement has been continued for years. The work of Mr. Hickson, who recently held a mission in San Francisco, is another step in the same direction. It has the advantage of simplicity and direct religious appeal, over the earlier work done in this line.

What we are now trying to do is to keep vividly before the people this power of religion in the prevention and cure of disease. So far as I know, the clergy of the Episcopal Church have no intention or desire of undertaking healing in any sense independently of the medical profession. The prayer circles and special services are solely for the purpose of opening the inner recesses of the soul to the full power of God, so that every healing agency, whether medicine, surgery, nursing, psychotherapy or any other, may have the best possible chance. There is no disposition on the part of the clergy to emulate "miracle" workers or to pretend to have special healing powers. They believe, as do all religious men, that healing, like life itself, comes from God and that what all healing agencies do is to make possible God's work. They want to make God's approach to the sick more direct and complete than can be done by medicine alone. They want to work in conjunction with the physician; to help him; not to supersede him. As one of them recently said, "We want the time to come when physicians will send their patients to the Church as a matter of course."

Again, so far as I know, there are no fees connected with any work of this kind. There certainly ought not to be. The clergyman, to whom I presume reference is made, who has a down-town office, is not engaged in ordinary parish work, and in his down-town office, he represents not the Church, but a well-known English lecturer and mental healer.

To sum up, the Episcopal Church is undertaking nothing officially which could not at any time be submitted to any group of physicians who recognize the value of religion in life, with confident expectation of their approval. I would be unwilling myself to be associated in any movement which did not recognize in the fullest way the leadership of the medical profession in matters of health. If, in endeavoring to further this sane health movement, there appear in the Church, as by-products, some less well-balanced efforts, it is no more than what occurs in every profession—even in medicine! I will be grateful if you will give this statement publicity.

EDWARD L. PARSONS,
Bishop Coadjutor of California.

(Comment.—See editorial in this issue.)

County Societies

CONTRA COSTA COUNTY.

The Society met May 29, 1920, in conjunction with the Dental Society of this county, in the Abbott Building, Richmond. Dr. E. W. O'Brien, President of the Dental Society, presided. A report was rendered by Dr. G. M. O'Malley on the convention at Santa Barbara and a plea made by Dr. C. T. Wetmore for an increased support from the members of our Society to the League for the Conservation of Public Health. Dr. John Beard's application for a transfer from the Placer County Society was received and voted on favorably. An interesting case was presented by Dr. U. S. Abbott, showing the results of war surgery on a poor chap who was struck by shrapnel.

The chief paper of tne evening was read by Dr. A. W. Ward of San Francisco on Focal Infections of the Teeth, illustrated by lantern slides of X-ray pictures. Dr. Ward's experience showed very conclusively the close relationship which should exist betwen the dentist and physician, and endeavored to impress on the members of both professions the necessity of looking for infections in the mouth for causes of systemic disturbances. An interesting discussion followed.

The Dental Society proved a most hospitable host the balance of the evening when the meeting adjourned to the new Martin Grill where a banquet was served. A large attendance from both societies was present.

IMPERIAL COUNTY.

The Imperial County Society was reorganized on May 3, 1920, with the following members: Drs. W. W. Apple, L. C. House, A. E. Elliott, F. A. Burger, W. T. Heffernan, C. S. Brooks, of El Centro; R. O. Thompson of Imperial; J. F. Parker, Eugene Le Baron and O. B. Dunham of Brawley; L. W. Mosher of Holtville; C. W. Anderson, E. G. Tillmans of Calexico. Dr. W. W. Apple was elected president, R. O. Thompson vice-president, C. S. Brooks secretary-treasurer.

A real live medical meeting was held, and a message was sent to Dr. John C. Yates, state president at San Diego, to pay the new society a visit. There are several applications before the membership committee, and programs are being planned. Space will be given the Imperial County Society in the San Diego County Bulletin for notices of meetings, reports, and items of interest. This bulletin has been sent to the valley men for several issues. Dr. Yates's year is starting well.

SAN FRANCISCO COUNTY

During the month of May, 1920, the following meeting was held:

Tuesday, May 25—Section on Eye, Ear, Nose and Throat. Symposium on the Pituitary Gland.

1. Medical aspect of pituitary disease. Hans Lisser.
2. Eye symptoms of pituitary disease. Hans Barkan.
3. Transfrontal approach for pituitary growths. H. C. Naffziger.
4. Intranasal surgery of pituitary tumors. Report of 3 cases. E. C. Sewall.

Dr. George W. Pierce will leave about July 15th for special study in plastic surgery in England. He will be associated for several months with Major H. D. Gillies at Queens Hospital, Sidcup, England.

LOS ANGELES COUNTY.

The county society's meeting took place May 6, at 8 p. m., in the Friday Morning Club House.

Dr. Rea Smith presided. Dr. Shoemaker, the secretary, announced a civil service examination for resident physician of the County Hospital with a salary of $250 per month.

The president, Dr. Smith, stated that the California Hospital Directory will contain only the twelve-hour nurses. A nurse may work only twelve hours, but should not be allowed to interfere with the nurses who are willing to work twenty-four hours per day. Upon the suggestion of the president Dr. Moore moved that the society go ahead with the Los Angeles County Medical Nurse Exchange. It was seconded and carried.

The instructions to the state delegates on the bil of the anesthetists came up for discussion.

Dr. Toland stated that he was not in favor of

it. The matter should be left to the delegates for decision at the meeting; that we need nurses to give anesthetics. For the army no doctors were trained as anesthetists, but the nurses were, and did better work than men; that at Ann Arbor a nurse will be given a full professorship of anesthesia.

Dr. Piness in referring to the New Orleans meeting stated that Dr. Bainbridge related that in the coming reorganization only doctors will be anesthetists. Dr. Piness then moved that the delegates be instructed that the Los Angeles County Medical Association stands for the Bill.

Dr. Moore contended that he saw no reason why a doctor should want to give an anesthetic except to make his expenses while waiting for a practice. Dr. Moore thought the young doctor is not as competent to give an anesthetic as a nurse.

Dr. Piness called attention to the fact that the University of California has a professor of anesthesia; that there are twenty-six competent men anesthetists in Los Angeles who are making money. He only knew of one nurse who collects her own fees. In all other cases the surgeons collect the same.

The question was asked for on the motion that the delegates be instructed to report this society in favor of the Bill. The motion was carried by a large majority.

Dr. Anstruther Davidson spoke on "Syphilitic Osteomyelitis."

Among incurable cases sent from the surgical wards of the county hospital, were some interesting joint cases. Tuberculosis in the adult is frequently seen as a recrudescence of childhood infection but such a condition commencing in a joint in adult life is rare indeed.

The two cases mentioned were both syphilitic and were discharged as cured three months later.

All cases of osteomyelitis in children or adults are either tubercular or syphilitic or of some mycotic affection. Some men operate on osteomyelitis of the sternal end of the clavicle which is never anything else but syphilitic.

Laboratory tests often solve our difficulties but should not be relied upon any more than we should rely on our judgment alone. A case of arthritis of the elbow joint with discharging sinus gave a Wassermann negative and a positive T. B. test, but under spyhilitic treatment the inflammation disapepared in a few weeks, the sinus closed and the man went to work.

Bone affections of puberty and childhood, except the multiple T. B. of the fingers, is never multiple, but syphilis is often multiple. A lad wrenched his hip jumping. He limped a few days and became incapacitated by pain. He was treated for sciatica. It was an epiphysitis of the femur and secondary infection of the epiphysial lines of the other bones. These cases are never tuberculous. This inflammation of the epiphysial line is caused by streptococcic or staphylococcic infection. These cases are heredo-syphilitic. After the focus is opened appropriate remedies will prevent secondary infection. The remedy is not arsphenamin or arsenic but iodine and iodides. Next to the X-ray, the temperature is the best guide. Tuberculosis is chronic as a rule with intermissions; epiphysitis is rapid. The temperature in T. B. is seldom over 99.6, in epiphysitis it is always above this point.

Dr. H. C. Rees spoke of "Acute Ascending Paralysis (Landry Type) with a report of a case."

In 1859, a French physician, Landry, described a disease which was characterized by a rather sudden onset and a rapidly spreading motor palsy without sphincter involvement, scarcely noticeable sensory disturbance, that usually terminated in death from respiratory failure in seven or eight days.

Case History:—The patient suddenly complained of severe weakness and slight nausea. He ate breakfast the next morning after an apparently uneventful night. The following night he was restless on account of severe lumbar pain, slight numbness of hands and feet and transient nausea. The condition remained about the same for the next twenty-four hours. He began to complain that all food tasted rough. Incoordination was such that he had to be assisted, but could move his legs about with no drop of the toes, he had perfect control of his arms, although they felt numb. Perfect control of sphincters, temperature 98, pulse 78, respiration 18, blod pressure 121-78. The dep reflexes were markedly diminished, but none definitely abolished. The following day the patellar and plantar reflexes were absent. The next day he developed a severe cough and expectorated a great quantity of mucus. The temperature was 99.6, the pulse 108, the respiration 36 and labored. There was paralysis of the intercostal muscles and the diaphragm. There was slight dullness at the base of the right lung auxillary line with moist rales. It seemed evident that the hypoglossal and glosso-pharyngeal nerves were involved on account of difficulty in mastication and deglutition. The patient died just six days after the onset of complaint. The heart ceased beating two minutes after the last respiratory effort.

Dr. Russell D. Carmen, head of the X-ray Department of the Mayo Clinic had for his subject "Roentgenology of Tuberculosis Enterocolitis, with lantern slides."

The Roentgen-ray is necessary to diagnose the condition. Shadows may be found in any lesion of the colon. There must also be a general clinical examination. Food remains at the cecum longer than at other parts of the tract. Pathologically there are tubercular nodules, sequelae of pulmonary tuberculosis. These nodules may be ulcerative; there are also fibrous and hypertrophic types. For diagnosis the colon including the cecum is filled under pressure and by the roentgen-ray, filling defects are seen with opaque enemata. The filling defects are not characteristic as they are also present in tuberculosis. Hypermotility, the passage of the bowel contents is another sign. Barium enemata give these opaque shadows. The absence of the barium, shown in the picture is due to spasm. Tuberculosis is more frequent in the small than in the large bowel.

The Los Angeles County Medical Association Meeting of May 20, 1920.

The society convened at the usual time, 8, P. M. in the Friday Morning Club House.

Dr. Rea Smith, the president, conducted the meeting. The first paper was that of Dr. Rex Duncan on "Radium Treatment of Malignancy in the Blader and Prostate," with lantern slides.

Dr. Duncan mentioned that the bleedings of bladder tumors soon stop under radium treatment and good results are obtained, the same with prostitic cases. Radium offering more in these cases than any other therapeutic measure. Proper facilities should be present. The disagreeable part of treatment is the involvement of healthy tissue.

Discussion

Dr. Cecil said that the cases must be properly selected.

First: The inoperable cases with metastasis.

Second: The benignant tumor with a condition causing prostatic obstruction. In these types, although the radium is good for the carcinoma, the patient is dying from intoxication due to obstruction of urination.

Third: Early position of carcinoma of lobe of prostate found on routine examination per rectam. In the earliest type radium should be used. If dying from metastatic condition neither operation nor emanation will help. In prostatic obstruction urinary poisining occurs.

At New Orleans and at the Mayo Clinic it was found that radical operation is as good in these cases as when used elsewhere.

Dr. Peterson—Three or four years ago Banington used needles containing radium emanation. Some cases were not affected others softened and disappeared. There seems a definite resistance in some cases of carcinoma. Ingenious illustrations were given by Dr. Duncan on the screen of introducing needles with radium and supplementing this treatment with rectal treatment. The results cannot as yet be told. My experience is that radium is not a cure-all. Only a small proportion are cured, but when cancer is definitely established, then palliative measures by means of operation, is the only thing left. In malignancy of the bladder the story is different. The pathology does not spell the extent of the disease. It is an infiltrating disease with an ulcerating base. The lymphatics of the bladder wall, the tumor, is larger than seems by examination. You must penetrate the bladder wall deep. Some such tumors of the bladder wall are not affected by emanating rays. A radical resection should be followed by radium applications. In carcinoma of the bladder this gives the best results. A radical operation is no good when you cannot cure. In such hopeless cases, large doses of radium should be employed.

Dr. Duncan expressed his pleasure in the discussion. Radium should be applied post-operatively under certain conditions. As a prophylactic in cases when the operation does not remove all cancer cells. Bury the tubes in the wound. If cases could be seen early enough about 90 per cent. could be cured. In later cases in which a cure is not expected, hemorrhage can be stopped and you may tide them along for years with radium. Of course statistics would be better if the cases could be selected, but you can give palliative relief.

Dr. True introduced Mrs. Susan M. Dorsey who spoke in favor of the coming school bond issue of $9,500,000.

Dr. Ellis Jones spoke on "Bone Transplantation" and illustrated the subject with telling effect by motion pictures. The tissue between the fragments forms a wall making union impossible.

Dr. Richardson in discussing the subject spoke of the value of bone transplants. He was impressed with the ununited neck of the femur where the neck had been absorbed, and a case where a bone graft had been a success but was useless until ankylosis was secured.

Dr. Thomas commented favorably, saying that we have been overlooking such cases. Such cases require the facilities of a hospital.

Dr. Myers urged a referendum on Industrial Insurance; that the voice of the society has not been respected. The resolution should be published in the Bulletin. All members should be given an equal chance on the fund. Dr. Thomas seconded but Dr. Duffield thought the time improper as Dr. Gibbons asked to have a letter written so that the panel could be enlarged and everyone be on it. Dr. Duffield expressed himself in sympathy with the resolutions but they should be postponed. It was agreed by Dr. Myers to wait until the next meeting.

MEDICAL PROGRAMS

LOS ANGELES OBSTETRICAL SOCIETY

Time: May 18, 1920.

Program

1. Operative and Non-operative Treatment of Pelvic Infection.....**Dr. Nahum Kavinoky**
2. Management of the 3rd Stage of Labor and Changes in the Hemoglobin during the Puerperium.....**Dr. W. C. McKee**
3. A Few Cases Illustrating Diagnosis and Treatment.....**Dr. W. H. Gilbert**

UROLOGICAL SECTION
Of
The Los Angeles County Medical Association
Regular Meeting
May 4th, 1920

PROGRAM

1. Demonstration of a rare type of vesical calculus.....**Granville MacGowan, M. D.**
2. a. Demonstration of a case of leukoplakia of the bladder.
   b. Demonstration of a case of stricture of the ureter, patient and specimen.....**H. A. Rosenkranz, M. D.**
3. Demonstration of two cases of seminal vesiculectomy.....**Robert V. Day, M. D.**
4. Demonstration of cases:
   (a) Double uretero-vaginal fistula folowing labor.
   (b) Sigmoido-vesical fistula due to diverticulum of colon .....**Anders Peterson, M. D.**

HARBOR BRANCH
Of
The Los Angeles County Medical Association
Regular Meeting
April 27th.

PROGRAM

"War Surgery in Evacuation Hospital No. 8"—Lantern Slides.....**B. S. Chaffee, M. D.**
Discussion.....**Gordon M. Grundy, M. D.**
"Cause and Treatment of Acute Non-tuberculous Abscess of the Lung".....**B. R. Henderson, M. D.**
Discussion.....**J. R. Silverthorn, M. D.**

THE INNOMINATE SOCIETY
Regular Meeting
April 14th.

PROGRAM

1. Recognition of gross pathology of ovarian tumors at operation..**Dr. W. H. Brownfield**
2. Surgical aspects of pernicious anaemia.....**Dr. W. H. Olds**
3. The Los Angeles narcotic clinic.....**Dr. John Nevius**

May Meeting
May 18th, 1920.

PROGRAM

Pneumonia in Southern California.....**J. Mark Lacey, M. D.**
(Election of Officers.)

EYE AND EAR SECTION
Of the
Los Angeles County Medical Association
Regular Meeting
May 3rd, 8 P. M.

PROGRAM

Clinical.
(Important Business.)

LOS ANGELES MEMBER IS HONORED

At the Eighth Annual Meeting of the American Association of Anesthetists at New Orleans, April 26-27, Dr. Eleanor Seymour, secretary of the Southern California Society of Anesthetists, was elected Vice-President of the National organization.

This is a timely recognition of the very good work Dr. Seymour has been doing to advance the cause of the M. D's who specialize in anesthetics.

LOS ANGELES SURGICAL SOCIETY

Regular Meeting
May 18th, 8 P. M.
Program
"Surgical Treatment of Carcinoma of the Breast".....**F. K. Collins, M. D.**

Doctor's Spine Fractured

Dr. Harry W. Martin, an army doctor, is said to have dived into a shallow pool at Bimini Baths Sunday, May 2nd and fractured the first cervical vertebra and dislocated the two below it. Drs. R. B. Jenkins and W. W. Richardson fitted on the brace with the cage for the head, which will be worn for at least three months.

Hospitals.

The performance of "Lilac Time" was donated by the management of the Majestic Theatre to the Maternity Cottage of Los Angeles, May 10. The work at the Utah street hospital is the care of mothers and their babies in homelike surroundings. The hospital aims to help families in moderate circumstances over a hard period in their lives expecting them to pay what they can afford.

Included on the executive board of the Maternity Cottage and Homeopathic Hospital are: Dr. F. S. Barnard, Dr. H. L. Shepherd, Dr. Anna Chapin, and Dr. Charles S. Salisbury.

Pasadena Hospital.

Myron T. Hunt will be the architect of the new $700,000 Pasadena Hospital. Dr. Raymond M. Mixsell will accompany the architect on a tour of the east to inspect modern hospitals and get data for the details of the local structure. Mrs. Adolphus Busch has thrown open the Busch Gardens for the benefit of the hospital. Admission charged will go to the building fund.

U. S. Hospital.

The Government sanitarium at Arrowhead Hot Springs, San Bernardino County will be opened June 15th with a capacity of about 100 patients. A force of fifty to sixty nurses and doctors will have charge of the veteran's home under Dr. George Parker.

Hospital For Whittier

The Austin-Murphy Company, Pasadena, will build a hospital at Whittier at a cost of $100,000. Allison and Allison are the architects. It will consist of two stories with maternity and operating wings.

ORANGE COUNTY

The June meeting of the Orange County Medical Society was held at James' Cafe, Santa Ana, where the Society were the guests of Dr. C. C. Violett. The members assembled around the banquet table at eight o'clock and after enjoying a luncheon of several courses were called to order by Dr. Violett who acted as Toast Master for the evening. The program of the evening consisted of a symposium on the progress of Medicine. The papers, which were brief and concise, related more particularly to the advancement of Medicine in Nineteen-nineteen. The following doctors participated in the program: Doctors Wehrley on Roentgenology; Robertson, Obstetrics;, Wickett, Urology; Burlwe Surgery of the Chest; Johnston, Surgery of the Abdomen; Tralle, Eye & Ear; Newkirk, Nose & Throat; Clark, Sanitation and Preventive Medicine. The meeting was well attended and the program was well received. Dr. Brothers of Santa Ana and Dr. Osburn of Anaheim were elected to membership. A committee was appointed to consider a change in the management of the business affairs of the Society and matters pertaining to the monthly program.

SACRAMENTO COUNTY

The regular monthly meeting of the Sacramento Society for Medical Improvement, was held at the Sacramento Hotel on May 25th. 28 members present.

Doctors Dunlap, H. Hall, and J. J. Hall were elected to membership in the Society, all having been in service.

Dr. Gundrum reported a case of Locomotor Ataxia in a male whose wife lately developed general paralysis. He thought it was evidence that there must be some forms of Spirochetes having an elective affinity for nerve tissue, to account for conditions such as above.

A report of the Board of Directors and of the Executive Committee of the Sacramento Hospital, failed to recommend an extension of the Staff Service from three to six months.

The various delegates and attendants at the State Society Meeting at Santa Barbara reported; they particularly brought to our attention, the necessity of watching approaching legislation, particularly in reference to licensure, antivivisection bills and the assaults so frequently made on the established medical practice acts.

The upward revision of the Fee bill under the State Compensation Fund was informally discussed, it being reported that the Compensation Board was favorably disposed to an increase in the fees.

The right of nurses to administer anesthetics and the special fee which they might claim for same, was also discussed.

SAN BERNARDINO COUNTY.

San Bernardino and Riverside County Medical Societies combined forces for the last meeting of the year and held a high jinks at Glen Ranch in Lytle Canyon. There were present about 130 people, including doctors from the Los Angeles and Pomona Medical Societies, wives of doctors and their guests.

A dinner was served barbecue fashion in a grove near the mountain stream; following this came a program consisting of amusing songs and readings and speeches. Rev. George Laughton of Riverside emphasized the point that it is time for medical men to give attention to public questions and important political matters. Dr. Wm. Duffield of Los Angeles stated that unity and co-operation are necessary that physicians may have the proper influence in the settling of issues closely related to civic and individual welfare in this state; he congratulated the men of this section on having so successfully pulled off something absolutely new in medical circles, and said that the value of such a gathering and the pleasure of it appealed to him so strongly that he should endeavor to have the first fall meeting of the Los Angeles County of the same nature and should invite the men of the San Bernardino and Riverside County Societies.

The League for the Conservation of Public Health and "Better Health" was presented by Dr. D. C. Strong of San Bernardino.

One novel feature of the gathering was the introduction of those from the different societies by the secretaries of those societies.

The plans and program for the evening were arranged by Dr. Paul Simonds, secretary of the Riverside County Society, and Dr. C. L. Curtiss, secretary of the San Bernardino Society.

SAN DIEGO COUNTY.

The San Diego County Society extends greetings to its sister county units throughout the commonwealth of California, and while expressing its appreciation of the high honor bestowed upon it in awarding to it the 1921 convention, wishes at this date to extend a cordial invitation to every state member to attend this our 50th anniversary. Already committees have been formed and plans laid to make this a memorable meeting. However, the measure of its success will rest with the individual members of the State Society. By early planning to meet at Coronado next May, by making provision for satisfactory accommodation at as early a date as possible and by planning to enter heartily into the scientific and social feast

that will be arranged for, you yourselves will determine the fulness of its success. Remember this is our first semi-centennial and we shall never see another.

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An active drive is now on to recruit the entire membership of the County Society into the ranks of the League for the Conservation of the Public Health. The profession of San Diego County are giving freely of their time and money in a way to leave no uncertainty as to their interest in this splendid enterprise.

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The Society at its meeting Tuesday, June 8, adopted a new general fee bill covering all phases of medical and surgical work. This fee bill is distinctly more in keeping with the present high cost of living and service of every description.

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The Society held three very interesting meetings in the last three weeks. Two of them were featured by illustrated lectures on roentgen studies, one on the diagnosis of peptic ulcer by Dr. H. G. Leisenring, and one on the differential diagnosis of duodenal pathology by Dr. Lincoln Kallen. When our roentgenologists cut loose with some of their favorite studies it is time for the average Society member to look wise and say little. We opine that these were both highly scientific evenings, but do not care to have an opposing lawyer compel us to explain our position.

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Speaking of lawyers the less we say the better of this despised profession after the recent ball game in which the medics ineffectually attempted to lower the laurels of the lawyers.

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The Society on the evening of May 21 were delightfully entertained by Dr. Emmet Rixford of San Francisco with an informal talk on the mechanics of fractures and their treatment. The doctor's mode of approach to this subject is out of the ordinary and stamps him as a surgeon who applies to the intricacies of the fracture question a thorough knowledge of the mechanical problems involved, and expresses great resourcefulness in adapting available appliances to their correction.

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Other recent guests of our Society have been Dr. R. E. Skeel of Cleveland, who hopes soon to locate in California. Dr. Skeel, an ex-president of the Ohio State Medical Association, can tell us some things helpful in obtaining the sort of a medical practice act which we feel we need in California. He had much to do with educating the Ohio public, including its legislators, to the point where they could see things medical in their proper perspective. Also Drs. Beck and Hyde of Chicago.

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The Society plans to hold one of its delightful social functions at the Point Loma Country Club house on the evening of June 22.

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The County Society did not hold its regular meeting on May 11th, as most of the members were planning to attend the Santa Barbara meeting. San Diego men were well represented on the scientific program of this meeting.

The following County members attended the session of the American Medical Association held in New Orleans the closing days of April: Drs. Churchill, Fox, Newman, O'Neill, Oatman and Pollock.

We are pleased to note the installation of a full time technician in the service of St. Joseph's Hospital. This service will be under the supervision of Drs. Pickert and Thompson, and is a step in the right direction in the matter of hospital improvement.

SAN JOAQUIN COUNTY.

The regular meeting of the San Joaquin County Medical Society was held Friday evening, May 21, in the Fountain Room of the Hotel Clark, President C. F. English presiding. Those present were: Drs. C. F. English, L. Dozier, R. T. McGurk, C. D. Holliger, W. P. Lynch, J. W. Barnes, A. H. McLeish, W. J. Young, C. R. Harry, Margaret Smythe, Grace McCoskey, H. E. Sanderson, L. Haight, J. P. Martin, S. P. Tuggle, A. E. Edgerton, Hudson Smythe, J. E. Nelson, A. M. Tower, H. J. Bollinger, B. J. Powell, H. J. Vischi and D. R. Powell with Dr. A. W. Hewlett of San Francisco as guest and speaker of the evening.

The minutes of the previous meeting were read and approved. The Program Committee reported favorably on the application of Dr. A. C. Boehmer of Lodi, and upon motion duly made and seconded, report of committee was accepted and Dr. Boehmer was unanimously elected to membership in the Society.

Dr. Dozier presented a case of ostitis of the lumbar vertebrae which had caused so much pain that the man was considered insane. By using an Albee graft a most excellent result had been achieved both from the functional standpoint and from the improvement in his mentality, restoring him to a perfectly normal individual.

Dr. Bollinger presented a case history of what at first was apparently a benign ulcer of the stomach, with cure under conservative treatment, but recurred 18 months later with definite carcinoma. A portion of the stomach was resected, the remainder being transplanted into the jejunum with an excellent recovery. The patient is still undergoing intensive X-ray treatments.

The delegate to the State Society, Dr. B. J. Powell, reported briefly on the recent meeting at Santa Barbara, telling of the new schedule to be in effect for Industrial Insurance cases, and also of the work of the League for the Conservation of Public Health in safeguarding medical legislation.

The paper of the evening was presented by Dr. A. W. Hewlett of San Francisco, who spoke on "Modern Advance in Diagnosis of Heart Diseases." He spoke of the importance of blood pressure examination and of the advantage to be gained by the use of the X-ray, particularly in detecting the size of the heart and to prevent confusion in cases of violent throbbing heart or where overlapping lung tissue might conceal the exact size upon percussion. He stated that too much importance was placed on systolic murmurs when unaccompanied by other evidences of heart disturbances, but that the diastolic murmur of mitral stenosis or aortic insufficiency had lost none of its old time importance. He admonished that the best point to listen for this was over the left edge of the sternum at the second interspace. He also mentioned the information given by the electro-cardigram, particularly in determining the degree of hypertrophy and which portion of the heart was involved. In the cardiac irregularities he spoke of the respiratory type, usually occurring in young nervous individuals where the heart beats faster on inspiration and slower on expiration. He also spoke of the type of extra-systole and the more common type of auricular fibrillation. The doctor's paper was given more as an informal talk and covered many other points of interest in routine diagnosis of heart condition. It was discussed by Dr. Harry and Dr. McGurk, and upon request by Dr. Dozier. Dr. Hewlett then spoke in closing his paper, of the large doses of digitalis which he strongly advocated in order to get quick action, provided the patient had not received previous doses in the recent past.

The meeting then adjourned to partake of light refreshments.

Report from A. M. A.

REPORT OF DR. VAN ZWALENBURG, CALIFORNIA DELEGATE TO A. M. A.

I am pleased, herewith, to make my report as delegate to the meeting of the American Medical Association at New Orleans, April 26th to 30th.

This has been one of the most successful of the Association's meetings. The attendance was not as large as sometimes but the distance from the medical centers and the difficulty of securing hotel accommodations had much to do with this.

The scientific sessions were very well attended and the papers were of a high scientfic order.

The arrangement of holding only one session per day for each section gave much more opportunity for men to visit other sections than their own.

California was very well represented. The names of many California members are found on the program. Sixty-two California names appear on the attendance register. This is not as large a number as should attend but under the circumstances I think it was doing very well.

A goodly number of these traveled on the same train going and similarly on the same train returning. This association in traveling added very materially to the pleasure and profit of the trip. In fact, it made the three days' ride each way a part of the Medical meeting.

Striking impressions of the meeting were the complete divorce of the business of the Society from the scientific sessions. The vast majority of men know nothing about the business side of an institution which handles for them approximately three-fourths of a million annually and has approximately three-fourths of a million accumulated in reserve and buildings.

The usual routine of business was transacted in the House of Delegates and also we might say the usual routine revision of the Constitution and By-Laws was made with no important changes nor very important legislation enacted.

The second striking impression was the multiplication of medical societies as evidence of the tremendous development of specialization in medicine.

When I saw, upon leaving, the announcement of the meeting of the American Society of Chest Surgery the following day, I was impressed with the diffuse ramification of these special societies. Many met just before, several after and most of them, of course, during the sessions of the American Medical Association. It emphasized to me the size of the problem before the profession today of how to bring to bear upon the individual patient these specialists, how to present the individal patient to all of these specialists and at the same time to allow each member of the examining group a competent fee for his work and not overcharge the patient.

Very sincerely,

C. VAN ZWALENBURG.

Notice

U. C. PEDIATRIC DEPARTMENT

This coming year the Pediatric Department at the University of California Hospital is undertaking an intensive study of the anemias which occur in infancy and childhood, including the grave secondary anemias and the primary anemias, such as splenic anemia and leukemia and also the hemorrhagic diseases such as hemophilia, purpura hemorrhagica, etc. Most of the physicians in the State are well acquainted with the work which the Hooper Foundation for Medical Research has been carrying on on blood regeneration. We are in a position to take advantage of these fundamental studies on blood regeneration and hope to be able through clinical studies to parallel their scientific investigation. We would, therefore, like to request from the medical profession of the State cooperation in sending to us any children suffering with severe anemias or blood conditions which they would like to have studied intensively, so that we may have as much material to study as it is possible to obtain.

WILLIAM PALMER LUCAS, M. D.,
Professor of Pediatrics, University of California Medical School, San Francisco. Cal.

MODERN HOSPITAL

The Modern Hospital, having long since outgrown its former quarters because of the increasing service it is being called upon to render in the hospital field, has removed its offices to its own building at 22-24 East Ontario Street, Chicago, which will hereafter be known as The Modern Hospital Building. The Modern Hospital Building will be a veritable center of national hospital, health, and welfare activities. It will house not only the offices of The Modern Hospital, the Modern Hospital Year Book, and Modern Medicine, but also the national headquarters of the American Hospital Association and the National Catholic Welfare Council (Division of Social Action). What this will mean in the way of more expeditious interchange of thought and activity and greater ease and co-operation between the number of national organizations at work in the hospital and kindred fields can readily be seen. Other developments are pending which, when consummated, will greatly enhance this center to all who are interested in these fields of work.

THE CALIFORNIA TUBERCULOSIS ASSOCIATION

A special meeting and election of Officers and Directors of the California Tuberculosis Association was held May 12 at Santa Barbara. The work of the association in the past five years has increased the budget in the State for the work of the private tuberculosis associations from $12,000 in 1914 to $156,000 in 1919. Since that time nurses, clinics, and the open air schools have been established in every city and county in the state. The State association has at present their Occupational Therapy teachers working in the hospitals and many of the patients are helping to support their families from the proceeds of the work made in the institutions. A medical field secretary, a traveling motor clinic, a Crusade director for the schools, a rural nurse, assistance to patients suffering with tuberculosis and hospital for children with tuberculosis are some of the activities of the State Association this year. All of this is made possible through the sale of Christmas Seals.

POST-GRADUATE SCHEDULE SAN FRANCISCO

The Children's Department of the University of California Medical School and Hospitals would be very glad to have practitioners who are interested in pediatrics, attend hospital rounds and see the work being done in the wards, the Out-Patient Department and laboratories, during the summer months, June, July and August. We are this year offering no set course but we are in a position to make a month's work at any time during June, July or August worth while to any practitioners who would like to take it up.

Clinical material is distributed between the children's wards of the University Hospital, Children's Hospital and San Francisco Hospital. Special attention will be paid to infant feeding, the commoner diseases of infancy and childhood, especially those dependent on nutritional conditions and the contagious diseases.

In the Out-Patient Department we have facilities

for studying such types of cases as congenital syphilis, cardiac diseases and feeding cases, as well as the more specialized clinics in mental, psychological and speech defects.

The different members of the complete staff will be available during the entire summer for this work, so that the general practitioner will have an opportunity of getting the point of view of such physicians as Doctor Porter, Doctor Fleischner, Doctor Ash, Doctor Lyman, Doctor Holsclaw, Doctor Bridgman and Mrs. Gifford.

Anyone wishing to take up a month's work, please correspond directly with me and I shall be glad to make any possible arrangement to suit individual needs and time.

WILLIAM PALMER LUCAS, M. D.,
Professor of Pediatrics, University of California Medical School, San Francisco, California.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

Treasury Decisions

3023 states: "all prescriptions for intoxicating liquors must be made on form 1403 and must contain all the data called for by such form and *in addition thereto there shall be inserted by the physician the name and address of the druggist or pharmacist upon whom such prescription shall be drawn.*" This is now the law.

According to the Federal Anti-Narcotic act, every physician must re-register before July 1 of each year in order that he may have in his possession the prescribed narcotics during the fiscal year. At the time of writing this the forms for this purpose have not yet been distributed but probably will be distributed before this appears in print. Owing to the late date at which the forms are sent out, it is probable that the time for registration will be extended to August the 1st. Every physician should read the accompanying instructions carefully and then fill out the forms in accordance with these instructions. He may think that there is altogether too much red tape, that there is no reason for doing certain things in duplicate or triplicate but nevertheless he should do them. As in the case of the Light Brigade—

"Ours not to make reply,
Ours not to wonder why
Or prove an alibi"

But simply to do what we are directed. In that way time and trouble are saved.

Any physician who will be out of the state for some time need not register until he returns but he should remember that if he is not registered he has no right to use or carry narcotics or to prescribe them from July 1st until he does register.

Formulae for the manufacture of alcoholic beverages are being freely circulated. Most of these require a basic alcohol, and as alcohol is almost as difficult to obtain as whiskey or gin, some roundabout means must be found for getting it. One method is to buy a supply of spirits of nitre and dilute this with boiling water taking it for granted that the ethyl nitrate will be volatilized. This, however, is probably not complete, and physicians may expect cases of nitrate poisoning due to indulgence in an apparently harmless cocktail. The public should be warned as far as possible against this playing with edged tools.

The Council of Pharmacy and Chemistry has refused to admit "Syrup Leptinol" (formerly "Syrup Balsamea") to the N. N. R. for the following reasons—

First, because the manufacturers fail to give the profession information regarding either the amount of the potent ingredient or the method of determining its identity and uniformity; second because of the unwarranted recommendation for its use in such infectious diseases as pneumonia and epidemic influenza and for lack of satisfactory supporting evidence of its alleged therapeutic efficacy in other diseases and, third because the recommendations for its use appearing on and in the trade package constitute an indirect advertisement to the public.

Anti-Tuberculous Lymph Compound (Sweeny). This is put out by the National Laboratories of Pittsburgh, Dr. Gilliford B. Sweeny, "Medical Director." Just how Anti-Tuberculous Lymph Compound is made today is not stated. It is fair to assume that it is not made in such a manner as to bring it under the federal laws governing the sale of serums and similar preparations. The claims made for the preparation are uncritical and unscientific, mainly of the testimonial class. When some of these testimonials were investigated, every physician who answered the inquiry regarding his previous and present opinion declared in effect that he had long since ceased to have faith in the value of the preparation. The facts are that no serum or lymph has thus far been proved to have any value in the treatment of tuberculosis. Having examined the available evidence, the Council on Pharmacy and Chemistry declared Anti-Tuberculous Compound (Sweeny) not acceptable for New and Non-official Remedies. (Jour. A. M. A. April 3, 1920 page 965.)

Anti-Syphilitic Lymph Compound (Sweeny). This preparation is made by or under the direction of Dr. Gilliford B. Sweeny, whose researches (?) led to the production of Anti-Tuberculous Lymph Compound (Sweeny). According to the available information, this preparation is made by suspending benzoate of mercury in lymph from the bullock. The circular exploiting this preparation makes the statement that it is seldom necessary to continue the treatment beyond two months. If one chooses to be credulous, this would indicate extraordinary power for the mercury. That any physician could be induced to place his trust in this preparation is almost unthinkable. The Council on Pharmacy & Chemistry declared Anti-Syphilitic Lymph Compound (Sweeny) not acceptable for New and Non-official Remedies (Jour. A. M. A. April 3, 1920, p. 966).

Clinical Department

CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS

Case No. 7. April 27, 1916. Female, American, age 3 months. No. 11279. V. S.

Complaint: Vomiting. Referred by outside physician with diagnosis of "Malnutrition."

Family History: Father living and well. Mother living; she has had a pulmonary condition for two years—probably tuberculous although organisms have not been demonstrated in her sputum. She is now in the mountains where she went shortly after the birth of the child. The latter event caused an increase of symptoms, supposedly. One brother, aged 8 years and one sister aged 6 years, are both living and perfectly well. There are no dead children. The first

pregnancy, 11 years ago, ended in spontaneous miscarriage at 2-3 months; no others. Paternal and maternal grand-parental history negative. No history of nervous or mental disease in the family.

Past History: Full term (possibly two weeks beyond), normal delivery, birth weight nine pounds.

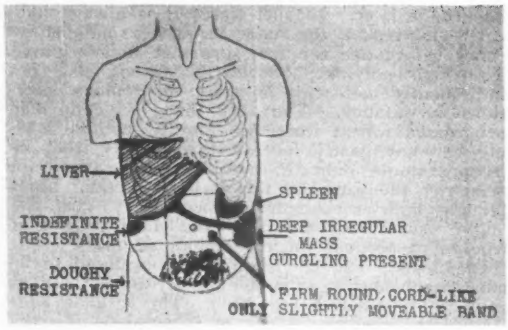
Feeding History: Never nursed, because of mother's condition. Put on Eagle Brand sweetened condensed milk, prepared according to directions, for two or three weeks; then put on Eskay's Food, also prepared according to manufacturer's directions, until present illness. The feeding interval has been very irregular, nevertheless the baby apparently thrived. At the age of two months the weight was 11 pounds, two months and three weeks 12¼ pounds; at the onset of the present illness 12 pounds.

Present Illness: The baby was apparently progressing well until two weeks before entry (approximately April 13th). Then there developed, as a single symptom, a very high fever, with of course some added irritability. There was no vomiting or diarrhea on that occasion, the bowels previously had been perfectly regular and the stools evidently normal. Under catharsis with Ol. Ricini, the temperature promptly dropped, and the baby seemed again in good condition. There were no symptoms at all referable to the central nervous system. April 25th vomiting set in, with a profuse watery, green diarrhea, 23 stools per day. The temperature was apparently normal. The physician in attendance noted the much distended abdomen but nothing else. He placed the child on water containing dextri-maltose but the vomiting of a very green, watery fluid persisted and occurred whenever fluid was taken, very much less in the intervals. It was not definitely projectile, nor in especially large quantities. It would occur directly after taking the bottle as a rule. Neither vomitus nor stools have contained blood. As late as this morning (April 27th) a yellow stool was passed.

Physical Examination: Small, pale, rather thin infant of three months, crying fairly lustily when disturbed, otherwise quiet. Head good shape, slightly prominent in occipital region. Measurements:

O. M.: 15 cm.	B. P.: 10.5 cm.
O. F.: 12.5 cm.	B. T.: 9.75 cm.
S. O. B.: 11 cm.	Circ.: 37.5 cm.

Hair soft. Skin clear, but marked pallor. Anterior fontanelle widely open, much depressed. Sutures negative. No craniotabes. Eyes—sclerae clear, pupils react to light and accommodation. Eye muscles negative. No strabismus nor mystagmus. Ears externally negative. Nose negative. Mouth: tongue moderately furred, tendency to bifid type. Throat not congested, tonsils moderate size. Gums negative. Superficial lymphnodes palpable, small, discrete. Chest: Thin, costal arch flaring mammae discrete. Chest: Thin, costal arch flaring mammae negative. Dilated venules. Lungs resonant throughout except at the posterior bases, which are slightly dull (from compression). Expansion infantile, diminished. Breathing restricted. Breath sounds clear, high pitched, puerile, occasional mucus rale over the primary bronchi and transmitted from them. No areas of bronchial breathing. Thymus apparently not enlarged. Heart dullness 1.5 cm. to left of nipple in fourth space, parasternal line on the right, second rib above. Sounds clear, well differentiated, with moderate sinus arrhythmia. No murmurs, no accentuation of P_2 or A_2. Abdomen, much distended, very tense, skin glossy, distended veins, protruding umbilicus (considerable relaxation obtained by lavage of stomach and colon). Tympanitic. Liver palpable 5 cm. below the costal margin in the nipple line, 4 cm. in the parasternal line, notch easily felt. Edge and surface smooth, not pulsating, no nodules demonstrated. Spleen palpable 3 cm. below the costal margin. In either flank, but especialy on the left, is felt an indefinite irregular mass. Stretching across the abdomen, from the liver margin at about its middle, to a point much more deeply situated just below the spleen, is a smooth, firm, cord-like, practically immovable band, slightly semilunar in shape, about 1.5 cm., in diameter, slightly broader at the hepatic attachment. No free fluid could be demonstrated. Questionable increase of lower abdominal resistance. Slightly increased spasticity in the left flank. No peristalsis seen. Genitalia, prominent labia. Extremities thin. Lower, slightly flaccid. No localized swellings. No exostoses, scars or bullae. Reflexes, negative, no pathological reflexes elicited.



Von Pirquet—24 hours—Human, negative; bovine, negative; control, negative. Forty-eight hours—Human, negative; bovine, negative; control, negative.

Wassermann in blood serum—negative.

Blood Count: Hemoglobin, 45%; R. B. C., 2,832,000; W. B. C., 14,600; Differential: Polys., 88%; Eosin., 0; Baso., 0; Lympho., 5%; Large Monos., 7%.

Urine: Acid, faint trace of albumin, sugar 0, acetone 0, diacetic 0, freq. polys., occasional R. B. C., many renal cells.

Stool Examination: Negative.

Lavage of stomach and colon reduced the distention considerably but not entirely. There was considerable gas eructated from the stomach but little passed from the colon. After approximately 60 cc. were run into the colon, the fluid would be expelled. There was no blood. The urine showed evidence of considerable nephritic congestion, probably largely mechanical.

Discussion

No congenital structure could explain the above noted band across the abdomen. A persistent urachus would extend from the liver to the umbilicus. The general extent and shape of this mass does not suggest an intussusception. The mass in the usual intussusception is placed in the region of the ileocecal valve and is usually sausage shaped; besides in intussusception blood is usually found in the stools and by this time there should be marked prostration. A rolled-up, much infiltrated omentum would on the other hand occupy this site. We know that the progress of tuberculous peritonitis is often very insidious and this boggy mass lies in the most frequent position of the omentum, which is usually extensively involved and is characteristic of tuberculous peritonitis. This would also account for the difficulty in the stomach emptying itself and would account for the vomiting. The fact the liver and spleen are both enlarged would corroborate a diagnosis of tuberculous peritonitis. The fact that the von Pirquet reaction is negative is not at all unusual in rather acute tuberculous conditions in infants. If it could have been repeated several times it would undoubtedly have appeared positive

sooner or later. In such cases it is always indicated to repeat the von Pirquet a number of times before one can feel sure that it is negative. The high polymorphonuclear count is also not infrequently met with in acute tuberculous infections in infancy. The fact that the child had progressed for at least two months without having had any gastric or intestinal upsets from its feeding would indicate that the feeding was not primarily the cause of this gastro-intestinal upset though high carbohydrate feeding at this age might cause both vomiting and diarrhea but it would not account for the abdominal mass.

Diagnosis: The condition was considered to be most probably a tuberculous peritonitis and a surgical consultation requested. The surgeon considered the case to be one of incomplete obstruction and advised immediate laparotomy.

Laparotomy: Intestines slightly pale, small amount of free fluid in the abdomen. Coils of intestine matted together by plastic exudate which also covers the surface of the liver. The latter was much enlarged and presented a "rolled-up" lower border which together with the matted intestines and omentum was palpated as the "band" above noted. No tubercles were seen and there was no evidence of obstruction. The spleen was not palpated. Fluid was cultured. Abdomen was closed.

The baby withstood the operation and anesthetic very well and seemed in very fair condition during the remainder of the day. Murphy Drip was instituted and small amounts of breast milk were given after several hours. During the night the baby had a sudden collapse and before anything could be done to revive her, died.

Note: It might have been better to have tried non-operative treatment in this case except for the symptoms of partial obstruction. At this age miliary tuberculosis usually accompanies so extensive a peritonitis and the outlook is practically always fatal. During the last few years many cases of tuberculous peritonitis have been successfully treated by heliotherapy and this should probably have been tried before recommending an operation.

MOUNT ZION HOSPITAL NOTES
SAN FRANCISCO

Surgical Clinic of Charles G. Levison, M. D., F. A. C. S.

Case 1. A. B., aged 73. Hydrocele as large as a cocoanut. He also has an inguinal hernia which is very annoying and can not be held in position with a truss. Blood pressure: Syst. 225, diast. 165. High degree of arterio-sclerosis present. Under treatment the blood pressure fell to 180/120. Operation insisted upon by the patient on account of discomfort.

To simplify the operation orchidectomy was decided upon.

Under local anesthesia induced by a ½% solution of bisulphate of quinine, the testicle and hydrocele were removed and the cord was ligated at the internal ring. The vas was severed with the cautery but it was not included in the ligature. Closure was facilitated by the absence of the cord.

Patient left the hospital at the end of ten days, not having suffered in any way from his age or high blood pressure.

Case 2. E. F., aged 49. Bilateral oblique inguinal hernia, each being the size of a mandarin orange.

Operation: On the right side when the sac was opened an appendix 5 inches in length was exposed and the cecum was seen to form part of the sac. Diagnosis, sliding hernia of the cecum. No attempt was made to separate the bowel from the sac, but the part of the sac that was attached to the intestine was allowed to remain, and the viscus was returned into the abdominal cavity. The neck was closed with a purse-string suture passed on the inner surface of the sac as high up as it was possible to reach.

On the left side it was thought that a similar type of hernia might be encountered. This supposition was verified at operation, for when the sac was opened the sigmoid was found to form part of the hernial wall. No attempt was made to separate the sac from the bowel, but it was treated as on the right side. Closure of the neck was accomplished by passing a purse-string suture on the inner surface of the sac through the lowest part of the wall of the sigmoid, which when the suture was tied, formed a part of the obliterated sac. Closure on both sides by the Bassini method.

Sliding hernias are not uncommon, but it is strange how little mention is made of them in works upon the subject of hernia. As a result unless one has had experience with this type of condition, the bowel may be opened, which disagreeable situation has happened in the career of many competent surgeons.

The foregoing statement is confirmed by Moschcowitz Ann. Surg., vol. 59, 1914, p. 610, who says: "Judging by a personal experience, this form of hernia is of more frequent occurrence than one would be led to assume by the number of cases reported. This can be accounted for in two ways; either the hernia has not excited sufficient interest in the operator, or (which in the writer's (Moschcowitz) opinion is more likely) the operator did not wish to be reminded of a rather unpleasant experience."

Since writing the above, another of this type of hernia has been seen at operation. When the sac was opened before a sliding hernia of the sigmoid was recognized there was some denudation of the outer layer of the bowel; not the peritoneal layer, because this was absent, but the muscular layer, which formed the posterior part of the sac. The condition showed a classic sliding hernia, the sac being anterior and the gut posterior. Closure was made by passing a purse-string suture as high anteriorly as possible through the sac (peritoneum), and as low down posteriorly as possible, passing the suture through the anterior surface of the bowel, catching the peritoneal layer.

Case 3. Male, aged 35. Diagnosis, oblique inguinal hernia. History of difficulty in starting urination.

At operation the sac was found to be very fatty and was seen to emerge from the internal ring. At the side of the ring an opening in the abdominal wall posterior to the situation of the conjoined tendon was present, indicating that a direct hernia was complicating the situation, an unusual condition.

Our observation has been to suspect a hernia of the bladder whenever we encounter a fatty sac, more particularly when a direct hernia is present. In this instance as the sac was being separated it was seen that it was becoming thicker at its base; further dissection revealed the fact that a hernia of the bladder was present. The bladder was separated from the sac and was returned to the abdominal cavity and the hernia was repaired by the Bassini method.

Our experience in the cure of hernia has led us to discard the overlapping method and we employ the cord transplantation of Bassini in almost every hernia, both direct and indirect, for with this operation properly performed, recurrences are the exception.

In passing it might be well to mention what in our opinion, constitutes the important factors in a Bassini operation properly performed:

The first point, and this applies to all hernia operations, consists of the **very** high ligation of the sac, thereby entirely obliterating the infundibulum. Kocher was one of the first to recognize this principle, and he accomplished the result by invaginating the sac, bringing it high up through the abdominal muscles: Lexer achieved a similar result by bringing the ligated sac

through an opening in the internal oblique muscles, thereby changing the direction of the infundibulum.

In the Bassini operation the usual place of recurrence is alongside of the cord as it emerges at the internal ring, so that the reconstructed opening must be very carefully made. Coley suggested that a suture be introduced immediately above the exit of the cord, the remaining sutures being inserted in the usual manner.

Of course it is important to reconstruct a new posterior wall by carrying the suture of the reflected "Poupart" well down to the spine of the tubes.

When the above precautions are observed, results are very satisfying.

Case 4. Male aged 18, was knocked down by an automobile sustaining a fracture of the humerus at its middle. Despite the various methods of traction and counter traction, reduction was not possible. In this type of fracture when there is an interposition of muscle, operation offers the only means of satisfactory approximation. Where there is so much displacement a method has been employed in our service for a number of years that has given excellent satisfaction. The advantage of the method over the intrademullary splint as popularized by Murphy is because of the ease with which the splint is introduced. In the Murphy operation one end of the transplant is readily passed into one fragment but the difficulty arises when the attempt is made to introduce the projecting end of the graft into the remaining fragment. At this stage it is often necessary to raise the bone from its bed quite a distance in order to accomplish the desired result, which produces an excessive degree of trauma.

The advantage over the sliding graft is that it requires no sutures to maintain the transplant in position, and when once the fragments are approximated there is no further tendency towards displacement, which can not be said of the sliding graft unless it is quite long, which implies a maximum of trauma.

In fractures of the middle of either the femur or the humerus this type of operation offers in our opinion the most satisfactory result where conservative treatment is futile.

The graft is cut with twin saws about two and one-half inches in length, allowing a collar of bone to remain. The graft is then forced down into the medullary cavity and one end is driven out of the fracture into the medullary cavity of the corresponding fragment; when this has been accomplished approximation is perfect and there is little or no tendency toward subsequent displacement.

Figs. 1 and 2 illustrate the fracture and the result of the sliding intramedullary splint.

Figs. 3, 4, 5 and 6 show the technique of the operation.

Case 5. Patient, aged 38, carpenter. Has always been well until his tonsils were removed in a neighboring city about 8 months ago. One week following the operation he was seized with a chill, high fever, pain in the chest anteriorly and to the right of the cardiac region. For three months subsequently he was confined to his bed running a high temperature, and he was expectorating quantities of very fetid sputum which contained streptococci of various types, but no bac. tub. Blood, polys. 86 per cent.

Phys. Ex. There is marked dulness of the right chest wall anteriorly, the fifth rib occupying its centre. Large bubbling rales are heard over this area and breathing is diminished. The history, putrid expectoration, the physical findings, together with the X-ray picture made it a simple matter it diagnose a lung abcess. This was confirmed by aspiration. See Fig. 7.

Feb. 25, '20, a portion of the 5th rib anteriorly was resected under local anesthesia. The pleural cavity at this point was found obliterated; an aspirating needle introduced into the lung evacuated pus similar in character to the expectoration. The galvano cautery was then passed along the track of the needle and the abcess was opened. Despite the fact that the cavity had been opened there was not a free discharge of pus for two weeks, the patient's condition being very unsatisfactory. Subsequent to this time the discharge which was of the same character as the expectoration became very profuse.

At this date, which is two months after the operation, the patient is convalescent and he has gained ten pounds during the past three weeks. The wound of the chest has almost healed, the cough is very much diminished, the expectoration has lost its foul odor and the quantity has been reduced to a negligible amount.

Why We Believe in Proper Medical Education

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO.
Department 5. Hon. John Hunt, Judge.
A. T., Plaintiff, vs.
City and County of San Francisco, etc., et al.
REPORTER'S TRANSCRIPT, May 6, 1920

The reporter's transcript, omitting certain objections, arguments of attorneys and portions thereof, not dealing with the subject of diagnosis, is as follows:

TESTIMONY OF JOHN H. ATKINSON,
called as a witness on behalf of plaintiff; sworn.
DIRECT EXAMINATION.

Q. What is your profession, please, Doctor? A. What is my profession? Q. Yes. A. A drugless physician. Q. Are you a regularly licensed osteopathic physician? A. Yes, sir. Q. And, Doctor, with respect to the medical education which is required to obtain a license to practice osteopathy, could you give us some idea of the similarity of that course to the one required of a regular physician? A. The course is similar, excepting that we are not required to take surgery, or we are not required to give medicine. Q. You say the course is similar with the exception of surgery? A. We do not do major operations, nor do we give medicine or drugs. Q. You have been practicing your profession here, Doctor, for how many years? A. Twenty years. Q. Here in San Francisco? A. Well, in San Francisco for 15 years, medicine before that time in Europe. Q. You practiced medicine before that time in Europe? A. Yes. Q. And you were then a graduate physician as well as an osteopath? A. I was, yes, sir. Q. Now, Dr. Atkinson, you are acquainted with Miss —— ——, the plaintiff, are you not? A. I am, yes. * * * Q. The following October 10, 1919, did you, Dr. Atkinson, give her a course of treatment? A. I did. Q. Before entering upon this course of treatment, did you make an examination of her, a physical examination? A. I made my regular examination which is from the eye, I asked no questions, I take my own diagnosis from the eye of what I find from the eye, I take notes of it on my chart. Q. Now, in the examination that you made of Miss —— in October, 1919, you asked her no questions at all? A. No questions whatever. Q. Now, what was the result of the examination which you made of Miss ——? A. The result of the examination; in the first place I found a severe shock to the nervous system. * * * Q. By looking in the eye you found that there was a shock to the nervous system? * * * THE COURT: Q. By looking in her eye did you conclude that she sustained a severe nervous shock? A. I might state that every region, part or organ of the body is marked— Q. (Interrupting) Answer the question. (Question read). A. The sign of a severe nervous shock was denoted in the eye, in the iris of the eye, on the iris of the eye. This symptom is known as iridology, or a diagnosis from the eye. Q. Is there something abnormal in the appearance of her eye that you observed? A. There is, in every person certain changes take place. Q. Not in every person, but in her case was there anything abnormal in her eye? A. There was. Q. Tell the jury what it was, and wherein it looked any different than any other eye. A. The change, the pigment, * * * there are certain changes take place in the eye in normal health, and in abnormal health there are certain changes take place, we break an arm or a leg, that thing will register on the eye immediately, if you know how to read it, just the same as a meter will register anything in the house. Q. Is it possible for you to explain, in plain English, and tell the jury and myself, what is the differnce in the appearance of the eye, or are you incapable of stating that in plain, ordinary English? A. The difference was between the normal condition and the abnormal condition. Q. That means

the difference between regular and irregular, but I am asking you specifically what did you notice about her eye, particularly. A. We notice what are known as nerve rings, a broken-down nerve condition will put a ring or a circle in the iris of the eye. Q. Did you say you observed those circles? A. I did. Q. Would that be apparent to anybody but you? A. Any person that their attention would be called to it. Q. But otherwise, to the general public, the eye would look exactly the same as any person in normal condition? A. Probably. Q. But you discovered these things? A. There are certain schools that teach these things. Q. But I am speaking about the ordinary persons like ourselves for instance, you would say that that peculiarity might exist in the eye, and be impossible for us to observe it? A. You would observe it if your attention would be called to it. Q. What do you mean by calling attention to it, somebody telling you that he sees circles in the eye? Can the ordinary person, simply by looking at the eye, discover these circles that you say are in it, not by having their attention called to it, but from his own observation? A. Not necessarily, you would not think of it, naturally you would say that "I do not see any difference in their eye than I do any other person's eye"; it is a matter of education along that line. Q. You claim it takes an educated man to discover these circles in the eye? A. It does. Q. And you claim you are such a man? A. I graduated for that purpose. Q. Do you claim that you are such a man? A. I do. Q. Well, Dr. Atkinson, passing from the condition of extreme nervousness which you diagnosed to exist in Miss —, what physical conditions did you discover as the result of your examination? A. I noted that there had been an old fracture of the right tibia, the right leg, just above the ankle, an old fracture on the right leg just above the ankle. THE COURT: Q. Did you have to look at the fracture to reach this conclusion that you arrived at by the eye? A. I had not looked nor made any physical examination of any kind when I noted this, I had not looked at the leg at this time. Q. How did you come to see this, then, if you had not looked at it? A. Those things are marked also on the eye. Q. You could tell, from her eye, that she had a scar on her leg? A. You certainly can. The next thing that I found was that there had been a dislocation on the left side between the head of the femur and the acetabulum, that is a dislocation of the left hip joint. Q. Could you tell that through the eye, too, Doctor? A. Yes, sir; the next thing * * * was that I found what appeared to be a traumatic injury to the spine, in the lumbar region, * * * and that appeared to be between the first and fourth lumbar vertebrae. Q. You could tell the exact location on the spinal column, by looking at the eye of the pateint? A. Yes; and there was a new formation, a new growth in the abdomen between the same region. A JUROR: Q. What does that mean, "growth"? A. It might be a tumerous growth, it might be a cancerous growth, it was a new growth; I did not make any tracing out of that to find out what it was; I noticed that there was a growth there, later I verified it. THE COURT: Q. You felt that? A. I felt there afterwards to find out. I found out an apparent lesion here on the floor of the fourth ventricle of the brain. Q. Repeat that. A. That is, it seemed to be a sort of a little blood clot or rupture, or it had been from some violence or jerk or force to have caused a little lesion in the brain; and that was the result of my eye diagnosis. Q. Well, did you afterwards (verify) this from a physical examination? A. I did. THE COURT: Q. Why was that necessary if you found it all out by looking at the eye? A. Usually to prove your conditions you will verify them, if possible. Q. So you are not certain by the eye? A. We are. Q. Well, then, why do you find it necessary to go further, if you are certain? A. The young lady came for treatment, and in giving treatment naturally we verify those. Q. Why verify those conditions if you are certain? A. It would not be necessary to verify it to be certain. Q. But you did? A. When you can verify it, when you go to give treatment for to convince a patient, if you tell a person he has a certain thing the matter with them and they do not tell you, and you can convince a person that there is such a thing the matter, when you prove it to them. Q. But your eye observation, according to your statement, that rendered you certain that all these conditions existed? I ask you why then, if you were certain about it, you thought it necessary to go further? A. The patient might not be certain about it. * * * Q. You did not treat this patient? A. I did. Q. What did you do? A. I gave her an osteopathic treatment, and I adjusted the dislocation. Q. What dislocation? A. Of the head of the femur, I pulled it back in place. Q. What? A. I reduced the dislocation. Q. On which side of the femur, whereabouts was the dislocation which you say you adjusted? A. On the left side. Q. Whereabouts, what portion of the femur? A. This joint here (showing). Q. Near the neck of the femur? A. Yes; where the head of the femur enters into the acetabulum. Q. So you found that that had been removed? A. Not removed; it was partially dislocated—it was a partial dislocation. Q. Well, could the patient walk in that condition? A. Not very well. Q. So there you got an objective symptom? A. Yes, sir. Q. You did not have to look in the eye to find that out? A. No; but I looked in the eye first. * * * * *

CROSS EXAMINATION
ON BEHALF OF DEFENDANT CITY AND COUNTY OF SAN FRANCISCO

Q. Where are you a graduate from as a physician? A. The University of Glasgow. Q. And where is this other school of this eye-system? A. I am also a graduate from Chicago, I graduated from the eye in London. Q. What place in London? A. In Liverpool. Q. Which is it, Liverpool or London? A. I have been graduated from both; I graduated from one school in London. Q. Which college in London? A. The Pantopathic. THE COURT: Q. What does that mean? A. It means all things; just about the same as our drugless schools today. Q. And in Liverpool what did you graduate from? A. I graduated along the same lines, along some of our newer methods, it was known then as a different branch of the osteopathy, it was known as a drugless school at that time. * * * Q. Now, you simply look in the eye and diagnose from that? A. I do. Q. These different things that you say you found wrong with Miss —, did you find different indications in the eye that showed those, or were they all visible at once? A. Oh, no, there are different areas in the eye, just like taking the different points of a compass, there are certain areas and they show forth— Q. (Interrupting) And what did you see in the eye that indicated that there was something abnormal with the patient? A. You may see a little speck, a spot, a difference in the depth of the coloring matter, such as the blue part of the eye will turn gray, which will simply mean inflammation, a catarrhal condition will turn a different color; a poison will turn a dark color, and so forth. Q. And from that you can elicit the ailments that the patient has? A. I have done it for 20 years, and I have never had any one come back and say I did not give them the right diagnosis. * * * Q. Do you think it would be possible for a person with a dislocated femur to get off of one car, walk a block or two on the street, and get on another car, go up the steps, leave that car and go up the steps to her house and lie down, without noticing any dislocation? A. Well, a partial dislocation—a complete dislocation you would not be able to do it at all, but on a partial dislocation, that is, where the ligaments and so forth are only strained, you could do it. * * * Q. Wouldn't it be impossible if that femur be dislocated? A. It would be impossible if it was completely dislocated. * * * Q. How much of a dislocation did you find? A. The ligaments connecting there were strained and when I put her in the proper position for to adjust it, they cracked right in, probably it was out about three-eighths of an inch, three-eighths to half an inch. Q. In which direction, Doctor? A. To the outside, would make the leg at that time probably a little short. Q. Would cause her to limp, wouldn't it? A. It would cause her to limp, and afterwards we got her heels together and I stretched them out. * * *

Medicine Before the Bench

In this column will appear with appropriate comment, from month to month, court decisions and proceedings affecting the various phases of medical practice, the conduct of hospitals and the enforcement of public health laws.

DOCTOR NOT INSURER OF RESULTS

Judge Dudley Kinsell Dismisses Action Against Doctor Majors

For the seventh time the same case has been brought against Dr. Ergo Majors and likewise dismissed seven times because of lack of evidence. The persistence of the plaintiff's attorney in the force of so many defeats is remarkable.

The action, entitled Andrew Martin plaintiff vs. Dr. Ergo Majors defendant, was filed in the Superior Court of Alameda County. The plaintiff claims heavy damages for the death of a nine year old daughter by reason of the alleged negligence of Dr. Majors while acting as County Physician in caring for the indigent sick.

The seventh amended complaint which has just been dismissed, charged Dr. Majors with having failed to use the remedies and treatments ordinarily used by physicians and surgeons practicing at Oakland, and thereby failed to prevent the child from contracting the disease of tetanus, and that early in the treatment the child had every symptom of tetanus, and that the physician failed to use the ordinary remedies and treatments therefor known to the ordinary physician and surgeon of the community, and that the child died of tetanus.

The case came on for trial before Hon. Dudley Kinsell, Judge of the Superior Court, and a jury, March 24, 1920; Messrs. C. A. Linn, Frank J. Mahoney, and John W. Preston appearing for the plaintiff; and Messrs. D. C. Dutton, Greene Majors and Hartley F. Peart appearing for Dr. Majors.

After the jury was impaneled, plaintiff's counsel made their opening statement of what they expected to prove on behalf of the plaintiff; they stated that they expected to show that the little girl ran a sliver in her foot and was out of school three or four days by reason thereof, when the truant officer discovered the condition of the foot and took the child to the doctor; that the doctor lanced the swollen foot and that the condition of the child was improved on the occasion of subsequent visits to the doctor's office; that she, however, had every symptom of tetanus at a certain period during these visits and that the doctor failed to administer anti-tetanic serum, that it was not the administer anti-tetanic serum, that while a prudent and careful doctor would administer anti-tetanic serum, that it was not the practice of the ordinary physician engaged in his profession at Oakland to do so, but that as a matter of law the child had a right to expect that the doctor would administer such serum, which would have given her a fifty per cent chance of recovery from the disease.

Upon such opening statement, the attorneys for defendant moved for a judgment of non-suit and dismissal upon the ground that the doctor was not an insurer of results. While contending that the facts would show that when the child was first brought to Dr. Majors he found pus present and that the wound was so old that the administration of the serum would be unavailing, and that there were no symptoms of the disease present at any time while under his care, Dr. Majors' attorneys nevertheless maintained that even taking the plaintiff's statements of his expected proofs in their fullest meaning, that no judgment against the doctors could stand upon them, it not being alleged that the doctor had by unsanitary equipment or instruments infected the child or that the doctor could have saved the child's life by the use of any remedies known to the profession.

After extended arguments Judge Kinsell granted the motion and dismissed the case. Plaintiff's counsel expressed their intention of appealing to the Supreme Court.

The legal question involved is entirely novel in California, but there are decisions in eastern states sustaining the principle announced by Judge Kinsell in his decision.

CONSTITUTIONALITY OF MEDICAL PRACTICE ACT ATTACKED AND AFFIRMED

One of the profitable pastimes of various cults, who desire to make money at the expense of public health and in defiance of the laws of the state, is to attack the constitutionality of the laws that are made to safeguard the public. Almost invariably when one of these lawless incompetents is arrested for endangering the health of the community by treating and charging the sick without any known qualifications he sets up a cry that he is being persecuted by a mysterious medical trust. When a law breaker is arrested for selling real estate without a license, running an automobile without a license, hunting without a license, running a jitney without a license or any other occupation for which the state of California demands a license, there is no public clamor that the real estate trust, or the automobile trust or the hunter's trust, or the peddler's trust or the jitney drivers' trust is trying to persecute somebody. The law is made for the protection of the public and must be administered impartially to all.

The clamor of some chiropractors, a small group of osteopaths and Chinese herbalists who either have not the qualifications to pass the easy examinations given by the State of California or refuse to recognize the authority of the state to examine them will not affect the impartial attitude of those encharged with the responsibility of enforcing and interpreting the laws.

The District Court of Appeals in a recent opinion upheld the Superior Court of Sacramento in finding T. Wah Hing, a Chinese herbalist, guilty of violating the Medical Practice Act. Hing made the old familiar attack on the Constitutionality of the law, which a few inferior newspapers filled with chiropractic and herbalist ads. seem to regard as new and meritorious.

If the construction of the law were left to these defiant chiropractors, herbalists, or to any private group as the court states, "all persons would be permitted to practice medicine or any mode or system of healing, without being licensed and would make the matter of procuring a license or certificate merely optional." The raid upon the public health that would be made by clamorous charlatans and quixotic quacks if examinations were abandoned and ignorance turned loose is fearful to contemplate.

The People of the State of California were represented by Attorney General U. S. Webb and J. Charles Jones deputy attorney general in the case against T. Wah Hing who held himself forth as ready to treat any kind of a case. Hing was tried, convicted and sentenced to imprisonment in the county jail of Sacramento for a term of four months and by a fine of $500.

Medical Items in California Press

DR. JAMES H. THOMPSON ARRESTED AGAIN

Dr. J. H. Thompson arrested for the fifth time by the Oakland police on a charge of performing a criminal operation.—San Francisco "Examiner."

The Board of Medical Examiners at the February 1920 meeting, revoked the license of Dr. Jas. H. Thompson who caused a writ of review to be issued and the case is now pending in the Superior Court of San Francisco.

Reciprocity Certificate Denied

Tanzo Yoshinaga, Japanese physician, denied reciprocity certificate based on Wyoming credentials. He was arrested in Sacramento under the license issued to K. Isari who was at the same time in Los Angeles.—Sacramento "Bee."

FALSE TITLE PUNISHED

Dr. William Lochman of Los Angeles was found guilty of practicing under a name other than his own at a hearing before the Board of Medical Examiners in Los Angeles, February 18, 1920, and sentence was suspended until the June, 1920, meeting.—Los Angeles "Record."

COLLECTED CLIPPINGS ON MEDICAL LAW ENFORCEMENT

President of Chiropractic College Arrested Three Times

"Dr." A. W. Richardson, president of the California Chiropractic School, 209 Powell Street, San Francisco, was arrested in April on a battery complaint sworn to by Lee Landers, 1110 Fourth Avenue, Oakland. Landers said Richardson attacked him because Landers complained to the State Board of Medical Examiners that he had been fleeced by the authorities of the Powell Street College.

May 15 "Doctor" Richardson was arrested on a charge of violating the Medical Practice Act. When his case was called in Judge T. I. Fitz-

patrick's court the "Doctor" failed to appear. A bench warrant was issued for his arrest.

"Doctor" Richardson was an active advocate of Assemblyman Edwin Baker's chiropractic measure during the last session of the legislature.

More Chinese Herbalists Arraigned

We have often been asked what class of people patronize Chinese herbalists. We are unable to answer, but a number of the "herbalists" have been held to answer by various courts for practicing in violation of the law.

Among these we find Chow King of Turlock, Yung Yung Herb Co., P. Hsu Oriental Herb Co., Tom Paul and Wong Ting of San Jose. L. C. Yung and S. H. Wong were fined $100 each by Judge M. R. McCormack in Fresno, and Poo On was sentenced by Judge J. C. Needham of Modesto to ninety days in the county jail and fined $500 for practicing medicine without a license.

Any officer charged with the enforcement of the law who fails to prosecute law violators is encouraging contempt for the law. It is gratifying to observe that most of the district attorneys and judges realize the importance of enforcing the laws governing the practice of the healing art impartially all the time.

Chief of Medical Institute on Trial Again

Dr. Herman Silverman of Los Angeles, indicted more than two years ago on a charge of using the mails in a scheme to defraud, was put on trial before Federal Judge Trippet on March 31, 1920. Silverman conducted a "medical" institute at the time of his arrest in 1918 and at his first trial he was declared insane, being later committed to the State Hospital at Patton. He was later restored to competency and resumed practice in

Obituary

J. HENRY BARBAT, San Francisco

Dr. J. Henry Barbat, who died at his home in San Francisco on April 22, 1920, in the 58th year of his age, was a graduate of both the Department of Pharmacy and Department of Medicine of the University of California.

After his graduation in medicine in 1888 he opened his office in San Francisco and continued in practice there until his final illness. Early in his career he devoted himself to the intensive study and teaching of anatomy and soon began to specialize in surgery, later becoming recognized by his colleagues as a surgeon of great ability. The confidence and personal regard which his patients felt for him in so marked a degree was the natural reward for his skill as a surgeon and his personal qualities as a man, for he was not only a conscientious and unusually well informed surgeon and skillful operator but the sincere interest that he took in his work and his kindly and cordial manner caused his patients to regard him as their personal friend as well as medical adviser whose coming brought confidence and good cheer as well as the proper technical care of their cases.

In addition to the practice of his profession, he was actively interested in allied work. During the period of his career he was President of the State Medical Society, President of the County Medical Society, President of the City Board of Health. He was a Fellow of the American College of Surgeons, a member of the American Therapeutic Society and was also connected with and a leader in many other activities.

While recognized as a leader in his profession it was as a **man** that his memory will live in the hearts of all who knew and loved him as a stanch and loyal friend, always to be depended upon in prosperity or adversity.

E. B. FRICK, M. D.,
Colonel U. S. Army (Retired).

DEATHS FOR JULY

Todd, Francis Joseph. A graduate of Michigan, 1883. Licensed in California, 1894. Died in Oakland, California, April 27, 1920.

Curtis, Chas. C. San Pedro, California. A graduate of Hahnemann Medical College, Chicago Illinois, 1874. Licensed in California, 1897. Died March 17, 1920, in San Pedro, Califorina. Age 76.

Curtis, Ralph Gardner, of Hollister, California. A graduate of Jefferson Medical College, Pa., 1901. Licensed in California, 1901. Died in San Francisco, March 22, 1920.

Zimmerman, I. M., San Diego. A graduate of University of Warsaw, Russia, 1885. Licensed in California, May 26, 1916. Died March 15, 1920.

Conrad, David A., Santa Barbara, California. A graduate of University of California, 1893. Licensed in California, 1894. Died in Santa Barbara, April 6, 1920.

Zederbaum, Adolph, Los Angeles. A graduate of University of Berlin, Germany, 1883. Licensed in California, 1917. Died in Los Angeles, May 1, 1920.

Palmer, W. H. A graduate of Willamette University, Oregon, 1889. Licensed California, 1897. Died in Napa, California, April 15, 1920.

King, Chas. Lee, of Pasadena, California. A graduate of Chicago Medical College, 1880. Licensed in California, 1894. Died in Pasadena, May 5, 1920. Was a member of the Medical Society, State of California.

Scott, G. H. A graduate of Jefferson Medical College, 1857. Licensed in California, 1898. Died in Long Beach, California, May 10, 1920. Age 90.

Valle, Chas. C. A graduate of St. Louis Medical College, Missouri, '79. Licensed in California, 1885. Died in San Diego, June 5, 1920. Age 70.

Hall, T. D. A graduate of the California Medical College, California, 1886. Died in Oakland, California, May 31, 1920. Age 71.